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ABSTRACT

This report on the well-being of America's children focuses on the need for commitment to children by all sectors of society. The report's foreword describes the current situation for poor children in America, compares U.S. policies to those of other industrialized countries, presents the Action Agenda to Leave No Child Behind for 2000-2001, and urges citizens to work to improve the lives of American children. The six chapters of the report address the following: (1) family income, including strong economic growth, the extent of child poverty, the working poor, and legislative initiatives; (2) child health, focusing on the problem of uninsured children, the Child Health Insurance Program, and the major health issues for the future; (3) child care, including difficulties families have in locating affordable quality care, and policy developments; (4) education, including lagging poor/minority student performance, lagging international performance, school reform initiatives, and recent developments in school finance litigation and desegregation; (5) children and families in crisis, focusing on expected crises during the next millennium such as parental substance abuse, domestic violence, foster care and adoption, family homelessness, and serious child emotional disturbances, and on potential practices for finding effective solutions; and (6) juvenile justice and youth development, including juvenile victims and offenders, juveniles in confinement, minorities and girls in the juvenile justice system, children and guns, school violence, media violence, youth employment, and legislative developments. Each chapter concludes with a proposed action agenda for 2000.

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The report's two appendices provide tabulated data on children nationwide and by state, covering areas such as poverty, maternal and infant health, adolescent childbearing, youth unemployment, government aid participation, child support, Head Start enrollment, child abuse and neglect, and firearm deaths. (KB)

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The State of America's Children

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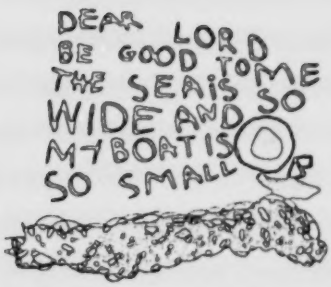
About the Children's Defense Fund

The mission of the Children's Defense Fund (CDF) is to *Leave No Child Behind*® and to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick or into trouble, drop out of school, or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by foundations, corporation grants, and individual donations. We have never taken government funds.

The State of America's Children Yearbook



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This book is dedicated to the memory of

Senator John Chafee

For two decades, a tireless advocate in the Senate for some of the most vulnerable children in America, a rare leader who pushed partisan politics aside and advocated for what is best for children.

Senator Chafee worked to improve health care and income supports for low-income children, particularly those with physical, mental, and emotional disabilities. He championed measures to help abused and neglected children and to help find permanent, adoptive homes for tens of thousands of children across America.

He will be greatly missed.

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10

AMERICA'S FIFTH CHILD: IT'S TIME TO END CHILD POVERTY IN AMERICA

Hungry child,
I didn't make this world for you.
You didn't buy stock in my railroad.
You didn't invest in my corporation.
Where are your shares of Standard Oil?
I made the world for the rich
And the will-be-rich
And the have-always-been-rich.
Not for you,
Hungry child.

Langston Hughes

◇

Once to every man and nation
Comes the moment to decide,
In the strife of truth with falsehood,
For the good or evil side;
Some great cause, some new decision,
Offering each the bloom or blight,
And the choice goes by forever
'Twixt that darkness and that light.

James Russell Lowell

In the Last Judgment, so dramatically described in St. Matthew's Gospel, we are told that we will be judged according to how we respond to the hungry, the thirsty, the naked, the stranger. As followers of Christ, we are challenged to make a fundamental "option for the poor"—to speak for the voiceless, to defend the defenseless, to assess lifestyles, policies, and social institutions in terms of their impact on the poor. This "option for the poor" does not mean pitting one group against another, but rather, strengthening the whole community by assisting those who are most vulnerable. As Christians, we are called to respond to the needs of all our brothers and sisters, but those with the greatest needs require the greatest response.

Economic Justice for All
Pastoral Letter on Catholic Social Teaching and the U.S. Economy
National Conference of Catholic Bishops

...[T]hey have become great and rich ... they do not judge with justice
the cause of the orphan, ... and they do not defend
the rights of the needy ... shall I not bring retribution on a nation such as this?

Jeremiah 5:27-29

What kind of people do we seek to be in the 21st century? What kind of people do we want our children to be? What kind of moral, personal, community, political, and policy choices are we adults prepared to make at this turn of the century and millennium to realize a more just and compassionate and less violent society and world—one where no child is left behind?

Imagine a very wealthy family blessed with five children. Four of their children have enough to eat and comfortable warm rooms in which to sleep. One of their children does not. She is often hungry and lives in a cold room. On some nights, she has to sleep on the streets or in a temporary shelter and even be taken away from her neglectful family and placed in foster care with strangers.

Imagine this family giving four of their children nourishing meals three times a day, snacks to fuel boundless child energy, but sending the fifth child from the table and to school hungry with only one or two meals and never dessert the other children enjoy.

Imagine this very wealthy family making sure four of their children get all their shots, regular check-ups before they get sick, and immediate health care when illness strikes, but ignoring the fifth child who is plagued by chronic infections and respiratory diseases like asthma.

Imagine this family sending four of their children to good stimulating preschools and music and swimming lessons, and sending the fifth child to unsafe daycare with untrained caregivers responsible for too many children, or leaving her with an occasionally accommodating relative or neighbor, or all alone.

Imagine the family reading to four of their children every night who have books in their rooms, and leaving the other child unread to, untalked and unsung to, or propped before a television screen which feeds him violence and sex charged messages, ads for material things, and intellectual pablum.

Imagine this family sending four of their children to good schools in safe neighborhoods with enough books and computers and laboratories and science equipment and well-prepared teachers, and sending the fifth child to crumbling school buildings with ceilings peeling and leaks and asbestos in the paint and old, old books and not enough of them, and teachers untrained in the subjects they teach.

Imagine four of the family's children excited about learning, looking forward to finishing high school, going on to college and getting a job, and the fifth child falling farther behind grade level unable to read, wanting to drop out of school, and at risk of getting pregnant or into trouble.

Imagine four of the children engaged in sports and music and arts enrichment after-school and summer camps, and the fifth child meeting his friends on the street or going home alone because mom and dad are working or have escaped parenting responsibilities they feel unable to meet in drugs and alcohol, and hanging out alone or with peers all summer.

This is our American family today where one in five of our children lives in poverty. It is not a stable or healthy family or a sufficiently compassionate one.

Amidst unprecedented prosperity, huge federal and state budget surpluses, hundreds of billions of tobacco settlement monies, eight years of continuous and unprecedented economic growth, and a Presidential boast that the state of the union has never been better, 13.5 million children are poor in the wealthiest nation on earth. A child is more likely to be poor now than in any year between 1966 and 1980, and the gap between rich and poor is the greatest ever. Worse, in 1998, 5.8 million children lived in *extreme* poverty—with incomes below *half* the poverty line of $6,500 a year or less than $6 a person a day in a family of three. Behind presidential and gubernatorial political spin about the success of ending welfare as we know it, rampant child hunger, homelessness, insecurity, and suffering persist.

Dramatic drops of families from welfare rolls have not seen commensurate drops in child poverty. In fact, decreasing food stamp and Medicaid rolls in the wake of welfare changes since 1996 have increased child hunger and pushed many poor families into deeper poverty. A Department of Agriculture study reports an increase of 3.7 million children in households without enough food between 1997 and 1998. America's Second Harvest reports one in five people in their growing soup kitchen lines is a child.

How long will we stand mute and indifferent in a nine trillion dollar economy as poverty, poor health and housing, poor education, and family and community disintegration rob millions of our children's lives and futures; gnaw at their bellies; chill their bodies and spirits to the bone; scratch away their resilience; snatch away their families and sense of security; and make some of them wish they had never been born? When has the time ever been riper to end immoral child poverty, hunger, and homelessness and to make America a safe and compassionate home for all our children?

Now that it is the official public policy of the nation that all poor mothers must work after a set time limit with no income safety net for children, what steps will local, state, and federal governments and private sector leaders take to ensure work at wages that lift families out of poverty? **Seventy-four percent of poor children today live in working families who cannot make enough to escape poverty.** Yet many states are sitting on billions of unspent welfare and child health dollars designed to help parents and children grab a lifeline of hope from poverty. Why is our nation not making sure work pays a decent wage and preparing parents left behind to get the education, training, and skills they need to stand on their feet? What will happen to children (who did not choose their parents) when their parents cannot feed, clothe, and care for them? And how do we make sure that state and local bureaucracies make it easier rather than harder for parents who are playing by the rules, working every day, struggling to make ends meet, and caring for children to receive the child care and health care and other assistance they need and the law provides to help them stay in the work force and become self-sufficient?

AMERICA'S FIFTH CHILD

Contrary to popular stereotypes, America's fifth child is much more likely to live in a working family than to be on welfare, is more likely to be White than Black or Latino, and is more likely to live in a rural or suburban area than in an inner city. Three out of five poor children are White (8.4 million) although more than one-third of Black (4.2 million) and Hispanic (3.8 million) children are poor.

Poverty robs children's lives and health and hope. America's fifth child is twice as likely to be born without adequate prenatal care, at low birthweight, and to die before reaching her first birthday.

America's fifth child is more than twice as likely to be abused or neglected and three times as likely to live in substandard housing as non-poor children.

America's fifth child will not grow or develop as fast as other children physically, mentally, or educationally; is twice as likely to repeat a grade or drop out of school before graduation and is more likely to require special education, end up on welfare, or in trouble than non-poor children.

America's fifth child begins school already thousands of words behind his middle class peers because he is not read to, does not have books in the home, is not talked to, and is not provided a good preschool or Head Start experience.

America's fifth child suffers more than her share of asthma attacks and respiratory ailments and lead poisoning without getting treated; often cannot sleep at night from too many people and too much noise in overcrowded apartments or shelters and is frequently tired and sleepy in school.

America's fifth child is worn down fighting a chronic multi-front war against sickness, family breakdown, family and neighborhood violence, drugs, fear and shame, struggling to get attention at home and at school, to keep spirits up, and to hang onto a tenuous sense of being somebody worthwhile going somewhere better.

America's fifth child is less likely to have a father at home, the consistent affection of two parents, the stability of a married family, a steady family income or significant extended family resources, and is more likely to be arrested, be convicted if arrested, be tried as an adult, and be sentenced to prison.

America's fifth child desperately wants but often finds it hard to trust adults, the world, and is almost always afraid—afraid of being hungry, of having no place to sleep, of having a mother, father, sister, brother, aunt, uncle, grandmother disappear or be killed; of being bitten in bed by a rat or crawled on by roaches or being accosted by a mean gang member or drug peddler in the streets; of being too hot in the summer and too cold in the winter; of being disrespected and ignored; of being lonely; and afraid of not existing in a world that is passing them by.

America's fifth child is usually a fifth rail in schools, in religious congregations, in many community organizations, and in politics—ignored by too many school officials and teachers, faith leaders, providers, the media, and presidents and senators and representatives and governors and powerful budget and appropriation committee chairs catering to rich and powerful influences who vote, lobby, make campaign contributions, command the media and an unfair share of government attention and resources.

America's fifth child is almost twice as likely to be poor as adults who can vote and organize. If the safety net for American children was as effective as it is for our low-income elderly, three out of four poor children today would not be poor.

America's fifth child would fare better as a citizen of another nation. If America's poverty prevention safety net for children was as effective as it is in France, two out of three of poor children would escape poverty. If she lived in 23 other industrialized nations, she would be guaranteed health insurance, an income safety net, and the chance for a parent to stay at home with pay after childbirth.

Child poverty is not an act of God. It is America's moral and political choice about how we will treat vulnerable children whom the prophets and Gospels tell us are the apple of God's eye. Christians believe God entered human history as a poor and vulnerable baby, not as a rich and powerful magnate or defense contractor or political leader or child of privilege, and that each man, woman, and child is a sacred creation,

Poor children come in all colors and live in every family type and geographic area of America

74 percent	live in families where somebody worked all or part of the time in 1998, up from 61 percent in 1993.
59 percent	live in female-headed families, up from 45 percent in 1969.
35 percent	live in two-parent families, down from 38 percent in 1988.
41 percent	live in two-parent or father-only families, down from 55 percent in 1969.
30 percent	live in young families headed by a person under 30.
62 percent	are White, up from 60 percent in 1969.
32 percent	are Black, down from 39 percent in 1969.
29 percent	are Hispanic, up from 14 percent in 1973 .
4 percent	are Asian or Pacific Islander.
55 percent	live in suburban and rural areas, down from 67 percent in 1969.

A three-person family was poor in 1998 if it made less than $13,003. But the average poor family with children had less than $9,000 in total income, equivalent to $747 a month, $172 a week, or less than $25 dollars a day.

67 percent	of that income was from work—$6,000 a year, $502 a month, $116 a week, or $17 a day.
17 percent	of that income was from welfare—$1,500 a year, $126 a month, $29 a week, or $4 a day.

Note: "White" children include a large number of Hispanic children.

shaped in God's own image and likeness, a sister and brother. The Jewish Midrash says God agreed to give the people of Israel the Torah only after they offered their children as guarantors. God deemed neither their prophets nor elders sufficient guarantors. Our Declaration of Independence says "we hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness." This includes the least of these—our children—who are America's poorest and most vulnerable group. We trample on those rights at our spiritual peril, subvert the very foundation of America's dream, and lose moral credibility in a world where the majority of tomorrow's adults are the poor babies and children of today.

It is not just poor children who are at risk today. Millions of near poor and middle income American families are working harder than ever—sometimes two, three or more jobs to make ends meet—but still cannot earn a livable wage, afford the child care and health care their employers do not provide them and their children, or have confidence they can give their children a college education. Since 1979, the top 5 percent of our families saw their average income increase by an inflation adjusted $96,000 (64 percent) while our lowest fifth of families lost $686 in real annual income. During that same period chief corporate officers' pay ballooned sixteen fold. By 1998 the average CEO earned $10.6 million, 419 times as much as each worker.

The Spiritual Poverty of Affluenza

Millions of American children of all races in every part of America are afflicted by affluenza—the poverty of having too much that is worth too little. Many are given every material thing they desire —cell phones, cars, every latest trendy fashion, CD and electronic gadget, and live in big houses in well-to-do neighborhoods. But too many are not given enough parental and

Child Safety Net Policies in 23 Other Industrialized Countries Compared with United States

Country	Universal Health Insurance/ Health Care	Paid Maternal/ Parental Leave at Childbirth	Family Allowance/ Child Dependency Grant
Australia	Y	Y	Y
Austria	Y	Y	Y
Belgium	Y	Y	Y
Canada	Y	Y	Y
Czech Republic	Y	Y	Y
Denmark	Y	Y	Y
Finland	Y	Y	Y
France	Y	Y	Y
Germany	Y	Y	Y
Hungary	Y	Y	Y
Ireland	Y	Y	Y
Italy	Y	Y	Y
Japan	Y	Y	Y
Luxembourg	Y	Y	Y
Netherlands	Y	Y	Y
New Zeland	Y	Y	Y
Norway	Y	Y	Y
Poland	Y	Y	Y
Portugal	Y	Y	Y
Spain	Y	Y	Y
Sweden	Y	Y	Y
Switzerland	Y	Y	Y
United Kingdom	Y	Y	Y
United States	N	N	N

Source: Office of Research, Evaluation and Statistics, Social Security Administration, Social Security Programs Throughout the World 1999, August 1999, Summary Table and Individual Entries. Programs characterized by CDF.

community attention, limit setting, and moral guidance. They wander in peer herds from one place to another trying out drugs, alcohol, loveless sex, gangs, race and gay bashing cliques, seeking entertainment and thrills with increasingly high thresholds of the bizarre and violent. These lost, out of control children whether in Conyers, Georgia; Littleton, Colorado; Hollywood; or Greenwich are desperately crying out for help and attention and direction from parents and responsible adults.

All American children need hope and purpose, a stable family, the sense of belonging to a community. They need imperishable spiritual anchors rather than fleeting material ones. They need the regular presence and interaction with adults to move beyond obsessive self-gratification to purposeful service. They need to feel useful and to find avenues to participate with adults in building healthy and safe communities. They need parents—not buddies, landlords, or short-order cooks—to be exemplars and transmitters of values and disciplines that help them become caring adults.

All American Children Are At Risk

All American children are at risk from the proliferation of guns which threaten all of us everywhere;

How America Stands

Among industrialized countries, the United States ranks:

1st	in military technology
1st	in military exports
1st	in Gross Domestic Product
1st	in the number of millionaires and billionaires
1st	in health technology
1st	in defense expenditures
10th	in eighth-grade science scores
14th	in the proportion of children in poverty
16th	in living standards among our poorest one-fifth of children
16th	in efforts to lift children out of poverty
17th	in low-birthweight rates
18th	in the gap between rich and poor children
21st	in eighth-grade math scores
22nd	in infant mortality
Last	in protecting our children against gun violence

According to the Centers for Disease Control and Prevention, U.S. children under age 15 are:

12	times more likely to die from gunfire,
16	times more likely to be murdered with a gun,
11	times more likely to commit suicide with a gun, and
9	times more likely to die in a firearm accident

Than children in 25 other industrialized countries combined.

from the pollution of our air, water, earth, airwaves, and Internet with smut and toxic substances; from the breakdown of family not only from out-of-wedlock births but pervasive divorce and erosion of extended family supports; from epidemic substance abuse and from domestic violence that know no race or income limits; and from the erosion of civility evidenced by road rage, profane language, and the coarse public discourse which pervades our culture.

All our children are targets of relentless marketing and advertising seeking to lure and addict them at early ages into a worldview based on material consumption. Children are seen as consumers, future customers, and persuaders of parents to purchase products rather than as a vulnerable group in need of adult protection. Buying is equated with happiness. Things are equated with success. Children are not just sold products but sex, alcohol, tobacco, and violence as the way to be accepted and hip. Every child today is affected by our violence saturated climate driven by the media, movie and television industries, the Internet, and the military-industrial complex. And every child inhabits a nuclear and conventional arms prison rendering human existence precarious in a world and nation that talk about peace but constantly prepare for war.

For $1.3 billion a year from the $1.9 trillion budget surplus, another 2.5 million children a year could participate in the 21st century after-school program.

As we end the 20th and begin the 21st century, let every adult take more responsibility for giving our children moral compasses to navigate space, cyberspace, and a globalizing world, and to avoid the corrupting paths of drugs, violence, and excessive consumption. Let us as parents and teachers and

preachers offer strenuous competition to the peer pressure, drug and gun dealers with our love and attention. Let's prepare our children to respect and live with people of many cultures, languages, faiths, ideologies, of every color in the rainbow—a majority of whom are non-White and poor. And let's prepare them to live together in peace and harmony and respect in our own nation which will be majority minority sometime in the middle of the 21st century.

BY WHAT SHALL WE LIVE? FOR WHAT SHALL WE STAND?

The gifts we give to our children, whether a gun, an attitude, or an idea will determine our spiritual progress in the next millennium.

Rev. Otis Moss, Dedication of the Langston Hughes Library at Haley Farm
National Symposium on Arts and Scholarship

◇

The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little.

Franklin Delano Roosevelt

◇

The usefulness of wealth lies in the things that it allows us to do — the substantive freedoms it helps us to achieve.

Amartya Sen
Nobel Laureate in Economics
Development as Freedom

The 20th century was characterized by stunning scientific and technological progress. We've split the atom, pierced space, walked on the moon, landed on Mars, and broken the genetic code. Instant communication has led to an information explosion and daily money trading in the trillions. Polio and other child vaccines have the potential to save millions of child lives. Many people live longer than ever before. We have learned to fly through the air faster than the speed of sound and to cruise the seas faster than the creatures inhabiting them. We have created the capacity to feed the world's population, witnessed astonishing increases in wealth from a tiny microchip, and have the capacity to prevent poverty which afflicts the majority of humankind.

But something is missing from these stunning achievements. UNICEF reports "more babies are being born into poverty now than ever before. Never in history have we seen such numbers." Over 840 million people in the world are malnourished including 160 million children who still die at a rate of 40,000 a day. Our scientific and military progress have not been accompanied by comparable moral progress as landmines kill and maim thousands of children and toxic wastes poison others and degrade the environment for profit.

How do we close the gaping gap between rich and poor nations and between the few in America who have so much and the many who have so little? Just three of America's richest people have wealth that totals over 155 billion dollars and that has doubled in the last two years, increasing at the rate of 107 million dollars a day. Their wealth alone exceeds the GNP of the 32 least developed countries in the world containing over 800

For $68.2 billion in corporate tax breaks proposed by Congressional leaders in 1999, another 5.6 million uninsured children could receive health coverage every year for 10 years.

million people. The top 5 percent of American families have more income than the bottom 40 percent—over 28 million families. How can our boastfully wealthy nation which leads the world in gross domestic product and in the number of millionaires and billionaires tolerate and justify the impoverishment of over 13 million children?

Just as our 20th century increase in wealth did not bring enough hope and bread to the majority of our world neighbors and those at home, neither did it bring a stable peace. The 20th century was the bloodiest century in human history. Over 100 million civilians lost their lives in wars which still rage in more than a dozen nations of the world right now. Those civilian deaths—the majority women and children—were four times the number of military war dead. Two million children were killed in armed conflict between 1986 and 1997; 4.5 million were disabled; 12 million left homeless; and over 1 million separated from their parents, UNICEF reports.

Since 1979, nearly 80,000 American children have been killed by firearms—20,000 more than the number of American battle casualties in the Vietnam War. A gun takes the life of an American child every two hours—12 a day —a classroom full every two days. What is it going to take for you and me to stand up and protect children instead of guns, to stop the killing of children by adults, to stop children from killing other children, and to stop children killing themselves because they see no meaning in their lives or seek their posthumous "see me" moment of glory on TV?

The U.S. leads the world in military expenditures and exports. We spend more in one week on the military than we spend annually on Head Start to get poor children ready for school. We are spending more testing an unsuccessful "Star Wars" Missile Defense system to shield children against phantom external enemies than we spend in a year on immunizations and protecting them from violence at home. In a post-Cold War era with no looming external enemy like the former Soviet Union, global military spending has declined from $1.2 trillion in 1985 to $785 billion, but the U.S. share rose from 30 to 36 percent in fiscal year 1999. Why does the U.S. need to spend five times more than Russia, 11 times more than Germany, and 19 times the combined spending of seven countries traditionally identified by the Pentagon as our most likely adversaries (Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria) when so many children are suffering from internal enemies of poverty and poor education and lack of health care?

For the $4 billion in the President's budget for F-22 Air Force Advanced Tactical Fighters designed to defend against the former Soviet Union, an additional 353,000 children could be enrolled for a year in Head Start.

At this incredible moral moment in history, it is time for America to teach our children that violence is not the way and to close the hypocrisy gap between our words about violence and our glorification of violence and war in our culture. General Omar Bradley described our dilemma: "We are stumbling blindly through a spiritual darkness while toying with the precarious secrets of life and death.... The world has achieved brilliance without wisdom, power without conscience. Ours is a world of nuclear giants and ethical infants. We know more about war than we know about peace, more about killing than living." Dr. King stated our choice as "no longer a choice between violence and nonviolence in this world; it's nonviolence or non-existence." And Pablo Casals stated our responsibility: "When will we teach our children what they are? One should be able to say to them: Do you know what you are? You are a marvel! You are unique! In all the world there is no other child exactly like you! In the millions of years that have passed, there has never been another child like you! One looks at your body, what a wonder it is. Your legs, your arms, your cunning fingers. The way you move! You may become a Shakespeare, a Michelangelo, a Beethoven. You have the capacity for anything! Yes, you are a marvel, and when you grow up, can you harm another who is, like you, a marvel?"

A 2000-2001 Action Agenda to Leave No Child Behind® and to Ensure Every Child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in Life

At a time of great economic prosperity, a projected $1.9 trillion federal budget surplus over the next decade, and billions of state surplus and tobacco settlement dollars in a post-Cold War era, now is the time to end immoral and preventable child poverty, hunger, homelessness, and sickness in the richest nation on earth. Now is the time to stand up and show our children we truly value them. Now is the time to build a more just and compassionate and less violent society — one where no child is left behind. Together the nation, states, communities, employers, parents, and citizens must:

I. *Ensure Every Child a Healthy Start*. There are 11.9 million uninsured children in America; Nearly 90 percent of them live in working families. Seven million are currently eligible for health care under the Children's Health Insurance Program (CHIP) and Medicaid. Nearly five million are not covered under any program. We must:

- Mount a massive and urgent campaign to reach and enroll every one of the seven million children now eligible for CHIP and Medicaid.
- Simplify and unify application and eligibility procedures to make it easier rather than harder for children to get health care.
- Expand health coverage to e ry uninsured child and their parents.
- Encourage employers to expand coverage for employees and their children and stop dropping dependent coverage.
- Urge every community network—religious, health care, parents, senior citizens, education, grass-roots, youths, and corporations—to join in a massive and persistent public awareness and enrollment campaign until every child is provided appropriate health care.

***II. Ensure Every Child a Head Start:* Only 50 percent of children eligible for Head Start and only 10 percent of children eligible for federal child care assistance receive it. Five million school-age children are home alone after school and are at risk of tobacco, alcohol and drug use, teen pregnancy, and violence. Quality preschool, child care, and after-school, summer programs and school systems are essential to getting *all* children ready to learn and achieve and keeping them safe when parents are in the work force.**

- Head Start should be increased to serve one million children in 2000 and all eligible children by 2002, and be expanded to full-day, full-year and to more children under three years old.
- The Child Care and Development Block Grant should be increased by $817 million in 2000 and expanded to reach at least half of all eligible children by 2002.
- Congress should support a new Early Learning Initiative for very young children and significantly increase investments in 21st Century Community Learning Programs and other quality after-school and summer programs.
- Every state should provide a quality comprehensive prekindergarten program for all families who wish to participate and invest more state dollars in quality child care and Head Start programs.
- Every business should offer affordable quality child care, flex-time, and paid parental leave options to help employees balance work and family responsibilities.
- Federal and state family and medical leave laws should be expanded and strengthened to include paid leave.
- Every child should be expected and helped to achieve in quality, equitable school systems.

III. Ensure Every Child a Fair Start. **Thirteen and a half million children are poor; 74 percent of them live in working families; 5.8 million of them live in extreme poverty in families with incomes below $6,500. They often suffer hunger, homelessness, and lack other basic necessities. A majority of poor children are White and live outside central cities, although over one-third of Black and Hispanic children are poor. Our nation must commit to doing whatever is necessary to end child poverty in America by 2005. Children should get a fair share of the federal and state budget surpluses, tobacco settlement monies, and be guaranteed the same income and health security as senior citizens. We must:**

- Ensure work at a decent wage and education and training for parents to improve their job options and earnings.
- Expand the Earned Income Tax Credit (EITC), particularly for families with three or more children, increase the Dependent Care Tax Credit (DCTC) and the Child Tax Credit for lower and middle-income working and stay-at-home parents, and make both credits refundable.
- Make sure that every poor family with children currently eligible for nutrition, health, housing, child care and other assistance get them. States should immediately use rather than hoard dollars intended to help parents work and become more self-sufficient, decrease their bureaucracies, and create a culture of service among their employees.
- Strengthen child support enforcement.

IV. Ensure Every Child a Safe Start. **Over 80,000 American children have been killed by guns since 1979 — a greater casualty rate than we suffered in battle casualties in the Vietnam War. American children under 15 are 12 times more likely to die from guns than children in 25 other industrialized nations combined. A child is reported abused or neglected every 12 seconds. Children are exposed to relentless glorification of violence on movie, television, and Internet screens.**

- All gun purchasers and owners should be required to register and obtain a license.
- All non-hunting firearms including junk guns and assault weapons should be banned.
- Manufacturers and other adults should be held liable for guns that get into the hands of criminals and children.
- Parents should be educated about the dangers of owning a gun and required to store them locked and unloaded when they do.
- Cultural leaders, movie, television, and Internet producers, advertisers, and toy manufacturers should stop glorifying and marketing gratuitous violence, which incites some children and youth to violence and desensitizes others to the consequences of violence.
- Nonviolence training, conflict resolution, peer mediation, and other activities to prevent all forms of family violence should be instilled in our homes, congregations, schools, and every sphere of national life.

V. Ensure Every Child a Moral Start. **It is time for American adults to stop our moral hypocrisy and to live the values we want our children to learn. If we want them to stop being violent, then we should stop being violent. If we want them to be honest, then we should be honest. Parents, preachers, teachers, and all public officials must conduct themselves as they would want their own child or any child to emulate. Private morality and public morality must go hand in hand. Our children need consistent love, time, attention, discipline, family stability, and limits at home and in school, and they need to see that adults in their nation, private sector, and communities value and care for them — not as consumers and future customers to be exploited or as a non-voting group to be ignored — but as the heirs of America's institutions and values. It is time for all adults to accept their responsibility to be good protectors of and mentors for the next generation.**

NOT BY BREAD ALONE

If we solve the problem of the other America we will have learned how to solve the problems of all of America.

Michael Harrington
The Other America

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Man shall not live by bread alone, but by every good word that proceedeth out of the mouth of God.

Matthew 4:4

Over two thousand years ago, a Palestinian Jew named Jesus taught that "Man shall not live by bread alone." His message is in danger of being lost at this turn of the century and millennium as our children of privilege and poverty chase material idols that fade and stuff themselves with the cultural junk food that fails to fill the deeper hunger for connectedness and meaning all humans share.

A dollar invested in good early childhood programs for low-income children saves $7.00. A dollar invested in immunizations against diptheria, tetanus, and whooping cough saves $23.00. A dollar spent in the Women, Infants and Children (WIC) nutritional program saves $3.07 during a baby's first year.

At its 350th anniversary in 1986, Harvard reported the top three goals of its entering freshmen as (1) money, (2) power, and (3) reputation and fame. UCLA researchers who poll freshmen across the nation on a range of issues reported in 1998 that "only two out of five said developing a 'meaningful philosophy of life' was a goal. [T]hree out of four said, 'to be very well off financially is an essential goal,' " according to Gary Ruskin in *Mothering* magazine.

Are these the values we want our children to treasure? Are they worthy of our Creator's gift of life and of much worth in God's economy? Are these the measures of success we want to leave our children as parents, people of faith, and citizens of a great democracy? If money, power, and personal fame are the central values in our lives, then human values and sharing with those left behind get lost, children are treated as consumers, market values trump moral values, and personal greed trumps common good. I believe the prophets and the Gospels, history, and common sense beckon us to examine anew as individuals and as a people what we are to live by and teach our children. Parents, people of conscience, and people of faith must lift a strong counter voice to the corrupting messages of our culture and teach our children that:

We do not live by money alone. Money is the means to buy food and clothes and shelter which are essential to human existence and dignity. Jesus recognized that bread was necessary to life. A hungry person is a vulnerable and potentially dangerous person. Some starving people will steal. Few parents will watch a child die for lack of food without risking everything or resorting to self-destructive measures. Nations will resort to war for food and water without which they cannot exist. Money can be a great opportunity or a great danger as Dr. Martin Luther King, Jr. reminded us shortly before he was assassinated. In a sermon at the Washington National Cathedral discussing the parable of the rich man Dives and the beggar Lazarus he said, "there is nothing that said Dives went to hell because he was rich...He went to hell because he allowed his brother to become invisible...[and] sought to be a conscientious objector in the war against poverty." Just as Dives didn't realize that his wealth was his opportunity, Dr. King said America could make the same mistake. He

Educational Attainment of Kindergartners

Of every 100 kindergartners,	88 graduate from high school.
Of every 100 White kindergartners,	88 graduate from high school.
Of every 100 Black kindergartners,	88 graduate from high school.
Of every 100 Hispanic kindergartners,	63 graduate from high school.
Of every 100 kindergartners,	58 start college.
Of every 100 White kindergartners,	59 start college.
Of every 100 Black kindergartners,	50 start college.
Of every 100 Hispanic kindergartners,	32 start college.
Of every 100 kindergartners,	27 complete 4 years of college.
Of every 100 White kindergartners,	28 complete 4 years of college.
Of every 100 Black kindergartners,	16 complete 4 years of college.
Of every 100 Hispanic kindergartners,	10 complete 4 years of college.

Census Bureau, Educational Attainment, Detailed Tables, Table 2. March 1998 Current Population Survey, education attainment items, persons ages 25-29 in March 1998, calculations by CDF. Hispanic persons may be of any race.

called for a Poor People's Campaign as "America's opportunity to help bridge the gulf between the haves and the have nots. The question is whether America will do it. There is nothing new about poverty. What is new is that we now have the techniques and the resources to get rid of poverty. The real question is whether we have the will."

That is still the real and even more urgent question in an over nine trillion dollar American economy that has quadrupled in wealth since Dr. King spoke and lets our children remain the poorest group of Americans. How wonderful that America has never been richer; how shameful that millions of our children are still poor.

The great people of history did not achieve greatness because of what they possessed and hoarded but because of what they gave away, what they dreamed, and their commitment and struggles to build a world more just and enlightened than they found it. America will never be truly great until it shares justly with the least among us.

We do not live by power alone. Alfred the Great said: "Power is never good unless he who has it is good." Power, like money and technology, is neutral. How we acquire it and what we do with it is the measure of its worth. Power used to exclude and to exploit is evil;

For the $65.5 billion estate tax break for the nation's wealthiest proposed by Congressional leaders in 1999, another 2.6 million children of working families could receive child care assistance for the next 10 years.

power used to include all God's children in the fullness of life is a blessing. What a tragedy if America's power and wealth in the 21st century are squandered on more nuclear and conventional arms and welfare and tax breaks for the rich rather than on food, education, and housing for children and those left behind.

We do not live by fame and reputation alone. In *The Death of Iván Ilych,* Leo Tolstoy's protagonist, a proper, successful magistrate, wondered on his deathbed "What if my whole life has really been wron ,?" and wondered if he had lived as he ought to as he remembered all the legality, correctitude, and propriety of his life. I shudder at the thought of asking myself that question. Don't you?

We do not live by race or gender alone. Dr. W.E.B. Du Bois warned against the idolatry of race which he called the central problem of the 20th century. Hitler's racist and religious ideology provoked a human holo-

caust that destroyed millions of lives. Slavery's ghost still haunts America's psyche and today's children as it rears its ugly head in new hate crimes and violent acts. Women's work is still less valued than men's although women carry the future of the human race in their bodies and nurturing roles. Women and children constitute not only a majority of the victims of war but of poverty. As gender roles change, so must attitudes and policies. Women's burdens must be lightened by education, better pay, shared parenting, job security and flexibility, and child care supports to ensure children are protected.

We do not live by self alone. No human being is self-sustaining. We all need and depend on the labors of others for the food we eat, the clothes we wear, the shelter we occupy, the planes and trains and buses and cars we ride, the books and news we read. We depend on principals, parents, child care workers, and teachers to care for and teach our young. We depend on nurses and doctors and dentists and hospital workers to stay well and to heal us when we get sick. We depend on janitors and maids to keep our homes and offices clean. We need our mail delivered, someone to take away our garbage, to serve us our food when we go out to eat and provide a place to sleep when we travel away from home. We need law enforcement officers for safety and firefighters in emergencies.

We do not live by knowledge or information or intellect alone. An anonymous sage correctly observed that the world is full of brilliant derelicts. Intellect or knowledge alone don't assure common or moral sense or wise actions. It is smart people who created our nuclear prison, invented chemical warfare, and build deadlier and deadlier conventional arms and landmines with which to kill more and more human beings including children. I do not want a new generation of children with high intelligence quotients and low caring and compassion quotients; with sharp competitive edges but dull cooperative instincts; with highly developed computer skills but poorly developed consciences; with a gigantic commitment to the big "I" but little sense of responsibility and duty to the bigger "we"; with mounds of disconnected information without a moral context to determine its worth; and with more and more knowledge and less and less imagination and appreciation for the magic of life that cannot be quantified or computerized. Rabbi Abraham Joshua Heschel wrote before the Internet that humankind will not perish for lack of information but from lack of appreciation. He asked for wonder. If our information age dulls rather than sharpens our understanding of good and evil, our need for joy and justice, then it will be a period of regression rather than progress.

We do not live by happiness alone. Dr. Benjamin E. Mays, former president of Morehouse College and mentor to Dr. Martin Luther King, Jr., told students on the College's Centennial Celebration: "I do not know what happiness is and I do not think it is important that you be happy. But it is important that you find your work and do it as if you were sent into the world at this precise moment in history to do your job. If happiness can be achieved, it will be found in a job well done and in giving not receiving." Dr. Mays also taught students that ***we do not live by charity alone.*** "It is not enough to give charity. It is our duty to do our share to see to it that we build a society where charity will not be necessary, a society where no sick person will go unattended, no hungry person will go unfed, no one will be poorly housed, no able-bodied person will go without adequate employment, and good schools will be provided for all." All of us should be generous givers. But those politicians who claim the religious or nonprofit community can and should bear all or the primary burden of caring for the poor, the sick, the young, and the vulnerable must first speak to our collective responsibility to ensure justice for all and to lift our 13.5 million poor children from the dreary basement of American life and millions of struggling near poor Americans from chronic health and economic insecurity. Charity cannot replace the job loss from corporations that move abroad for cheap labor; the housing stock that is deteriorating in our cities and rural areas; the health care employers refuse to provide their workers; or the public parks and infrastructure that make a physical space a neighborhood.

WHY WE MUST BUILD A 21ST CENTURY MOVEMENT TO LEAVE NO CHILD BEHIND® AND WHAT YOU CAN DO

Children are the supreme test of our moral vision. They are because they are so vulnerable. In a sense they stand as a crystallization, as an example, as a kind of eternal symbol of our responsibility for each other, since they are so dependent upon us.

Father Bryan Hehir
Harvard Divinity School

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It may not be possible for us to create a world in which no innocent children suffer but it is possible to create a world in which fewer innocent children suffer and if we look to the believers and don't find help, where else will we go?

Albert Camus

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Ending child poverty is, at the very least, highly affordable. More likely it is a gain to the economy, and the businesses, taxpayers, and citizens within it.

Dr. Robert M. Solow
Nobel Laureate in Economics, M.I.T.
Wasting America's Future

During the last election year of the 20th century in the world's sole remaining superpower, many of our political leaders are bogged down again in partisan political bickering, horse trading between special interests seeking the highest bidders for their votes, and sparring over how big a tax break to give mostly to the non-needy from a projected one to two trillion dollar federal budget surplus in our two-tiered economy. The politically protected budget tier insulates the rich, the powerful, big defense contractors who finance re-election of members, and well-organized voting blocks against budget cuts. The unprotected budget tier is for the rest of Americans: hard-working middle and low-income working people; women struggling to keep food on the table and a roof over their children's heads and who are stressed beyond endurance trying to find child care when they work and health care when their children are sick; and the disabled, immigrants, and children.

It's time for a revolution in values and political priorities which we can and must accomplish if we *believe* we can; if we speak out passionately and unceasingly; and if we organize effectively for our children's sakes.

The only thing our affluent nation will guarantee all American children today is a costly detention or prison cell after they get into serious trouble. We will not guarantee them the chance for a healthy birth with prenatal care. We will not guarantee all children the health insurance or the social security we correctly provide our senior citizens to cushion against sickness and poverty. We will not protect all children against poor quality child care when we require a parent to work or insist on minimal health, safety, and quality standards as we do in nursing homes for our elderly.

Anybody can open up a family day care facility without a single hour of training or minimal health and safety standards in many states. We make no commitment to help all children get a high quality education or expect every child to achieve. Our fifth child, especially if Black or Brown or non-English speaking and physically and mentally challenged—is often written off as a burden rather than enabled to realize their highest potential. We'd rather let them fail and spend $15,000 to send them to jail than to send them to Head Start or to a good university for less. That $15,000 would give three preschool children a year of Head Start.

Step 1. The first step we can take is to seize this historic and prosperous moment to Leave No Child Behind® and provide our children an alternative vision for living. Now is the time to get America to make a positive rather than negative compact with our children to ensure every child health care; the chance to get ready for and learn in school; to end child poverty and hunger and homelessness; to protect children from gun violence, abuse, and neglect, and provide them attentive caring adults and mentors in non-school hours. And now is the time to give our children a sense of being valued by structuring family and community life and public policies with the needs of children as the first rather than last concern. In every sphere of our personal, community, and national life every adult should ask ourselves three questions: (1) Would we want our child or grandchild or any child to see, know about, or emulate our conduct? (2) Will our actions or inactions make it easier or harder for children to grow up healthier, safer, and compassionate? (3) Will our actions make it easier or harder for parents to raise healthy children and to balance work and family responsibilities?

Step 2. The second step is to strengthen women's voices, values, and power in every sphere and crucial institution of American life. Gandhi said: "I have repeated times without number that nonviolence is the inherent quality of women. For ages men had the training in violence. In order to become nonviolent they have to cultivate the qualities of women. Ever since I have taken to nonviolence, I have become more and more of a woman."

Although women constitute a majority of the population, of voters, of those in religious institutions, and of those who take primary care of children, we lack commensurate power. This must change now. Only when women, especially mothers and grandmothers, organize and stand up and say loudly to the men in power, we will no longer look upon the killing of our children, will we stop the killing of children by guns and overcome the powerful NRA and its supporters. Only when enough mothers and grandmothers demand health care and child care and a safety net for poor women and children and stand up with our votes and voices to those in power will political leaders of all parties do right by our children. Every federal and state senator and representative and governor should be adopted by a well-informed, well-organized group of determined women and their allies with a focused agenda for children. And women when they gain power must not seek to emulate the values and actions of many men in power but bring a new moral dimension drawn from the insight of our struggles and marginality. We must insist and work together on one or two groundbreaking investments and protections for children each year until the whole of our children's needs are met and our children's compact is realized. Single-minded focus and message, clear policy goals, persistence, and organized clout are the recipe for success for children.

Step 3. Vote for and with children and monitor how those you vote for protect children. Be a good citizen and citizen-mentor for your children and grandchildren. Every parent and grandparent, aunt and uncle should get out and vote and take your child, grandchild, niece, nephew, or a neighbor's child with you. Let's teach children by example the importance of voting in a democracy. And let's vote for children. Women who waited 143 years for the right to exercise our citizenship and Blacks who gained the franchise only after decades of struggle have a special responsibility to honor the sacrificial efforts of our ancestors. That only 55.5 percent of women and 50.7 percent of Blacks and only 30 percent of 7.3 million eligible young voters ages 18-19 (who did not have to wait or struggle at all) voted in the last election is a wasted opportunity. What if we all voted for health insurance coverage for all parents and children in 2000?

Every year CDF tracks how your members of Congress vote on crucial children's needs. Please request the voting record and hold those who vote against our children's health and education accountable. If each of us makes a moral commitment to do whatever is

necessary to transform the priorities of our culture and nation, we can move our political leaders and community to put children first. But we must raise our voices together and loudly. We must mobilize and organize. We must ask hard questions of every leader seeking our vote and hold them accountable for their performance after election year. Please study, discuss, and support CDF's Children's Compact and 2000-2001 agenda to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, a Moral Start and successful passage to adulthood and urge your representatives to support them. And please stand for children every June 1st in your state and community and on the Internet.* We must not let another generation of children be lost because we did not act.

Step 4. Hold governors, state legislators, county and city officials in every state accountable for protecting children in this era of devolution. CDF will release an annual report card on how well states are investing in and protecting children to inform and help you monitor your state's performance for children. You will see how well your state is serving children in a number of key areas like implementation of the Children's Health Insurance Program (CHIP) and Medicaid and how they compare to other states. Too many states are dragging their feet, doing poor outreach, erecting bureaucratic hurdles which parents and children cannot jump over; are not investing significant amounts of state tobacco settlement monies on children; using surplus and budget dollars to help children; or are waiting on federal hand-outs rather than investing enough of their own dollars on Head Start, child care, and health for their state's children. Many are not even spending federal child health and welfare dollars poor children need now. *This is not right.* Please build understanding about the needs of children and working families by participating in CDF's Child Watch Visitation Program. Take your media and political leaders to see firsthand the needs of poor children and low-income working families in your community and what can be done. Have them try to fill out the state and local application forms for services and go through the frustrating enrollment procedures and often disrespectful treatment so many families face.

It is time to insist on a profound attitudinal and cultural change in state and local government offices.

States have more than $2.5 billion in unspent Temporary Assistance for Needy Families (TANF) funds, more than $3 billion in unspent Children's Health Insurance Program (CHIP) funds, more than $6 billion in tobacco settlement funds for 2000, and more than $35 billion in state budget balances as of 1999.

Commitment, competence, efficiency, and accountability must become the mantra and practice of all public agencies and local officials. Now that our stated goal is helping poor parents work and parental self-sufficiency, helping rather than denying parents help and decreasing poverty rather than just decreasing welfare must become the norms for action. **If states, counties, and cities made a commitment to reach out to and see that every child and family received available benefits, millions of children could escape hunger, homelessness, and poverty.**

Step 5. Counter the common excuses of those who neglect children's needs which include: (1) *"It costs too much to eliminate child poverty."* Yet the moral costs to America's soul and ideals of not eliminating child poverty is beyond measure and the economic costs of permitting 13.5 million children to remain poor exceeds the costs of its elimination. Economists estimate $130 billion in lost productivity for every year we let one in five children live in poverty. (2) *"It is not the right time."* It is always the right time to do the right thing. During economic downturns, children should not be the first to suffer huge budget cuts or be the last to benefit during economic upturns. With a robust economy, a trillion dollar federal budget surplus, and state tobacco monies and budget surpluses, never has there been a riper time to commit to investing in our children's health and education. (3) *"Nothing works."* Many things work which we simply do not provide to all eligible children. Less than half of eligible children get a Head Start; only 49% of poor children eligible for food stamps which stave off hunger get them; wonderful model schools abound; few if any whole school systems educate all their children well. (4) *"Children are not my responsibility. They are their parents' responsibility."* Parents should do everything they can

*Contact Stand For Children at 1-800-663-4032, or online at www.stand.org to learn more about Stand For Children activities in your state and local community.

A Compact with America's Children

I. No child shall be hungry in America.

II. No child shall be homeless in America.

III. No child shall lack health care in America.

IV. No child shall be poor in America.

V. No child shall be unsafe in America.

VI. No child shall be illiterate or lack the education and skills needed to work and support a family in America.

VII. No child shall be left alone or in unsafe care when parents work in America.

VIII. No child will be abused, neglected, or exploited for personal or commercial gain in America.

IX. No child will be discriminated against because of race, poverty, gender, sexual orientation, age, or disability in America.

X. Every child will be respected and protected by family, community, state, and nation as a citizen with inalienable rights to life, liberty, and the pursuit of happiness.

to raise and support their children but if they work and their employer does not provide health coverage, their children should not be denied health care. Parents should work but have no control if jobs they counted on disappear to a foreign land or in downsizing. Parents certainly need to protect children against guns in their homes but they cannot protect children against the plague of guns outside their homes. (5) *"The poor should not have babies they cannot support."* No one should have children they can't support emotionally as well as financially. Who among us has the right to decide who should bear a child or blame a child for parents s/he did not choose? My Bible tells me to help rather than judge or blame the poor or the non-poor who neglect their children. And no where does it tell me to blame or punish infants and toddlers and young children for being hungry or abused. (6) *"It's class warfare to talk about redistributing income to the poor."* No one contends this as governmental policies have historically (and currently) redistributed income from the middle class and poor to the rich through tax breaks and subsidies for wealthy corporations and individuals. Who should have first call on society's resources: those who need it most or those who have the most?

Step 6. Never lose hope and faith or doubt that change is possible. Communism is crumbling around the world. Apartheid in South Africa fell before the righteous struggles of Nelson Mandela and countless freedom fighters. American slavery and segregation ended because enough people said enough. Wars may never stop but we must not stop trying to eliminate them and speaking out against violence or believing that we can build a world without war for our children. Racism may raise its ugly head in era after era dividing God's child against God's child, but we must never condone it, praise it, glorify it, spread it, or cease trying to rid our minds and hearts and communities of its debilitating virus. The poor may have always been with us but we can decrease their numbers and their suffering rather than ignore or treat them unfairly in our public policies and private conduct.

Step 7. Don't make excuses. Do your part. Let God use you. God used three women across race, faith, and class — Moses' mother Jochebed, his sister Miriam,

and a Pharoah's daughter—to save one boy baby who grew up to liberate the Hebrew people. God used two shrewd and faithful midwives names Shiprah and Puah to save other Hebrew male babies in defiance of the Pharoah's order to kill them. Jeremiah was inducted into God's service as a scared youngster protesting "but I am only a child." Esther was a teenage girl when she went to the king about the cruel plot of his chief of staff to eradicate her people saying, "If I perish, I perish..." Anna, an old widow woman who hung around the temple day and night, ever hopeful when Mary, Joseph, and the baby Jesus entered, made the first public announcement to those gathered in the temple that the Messiah had come.

Do what you can *right now* to mentor and support a child and advocate for all children. Do not wait for everyone to come along. They never will. A friend commented that "the world is held together by the passion, commitment, talent, and love of a very few people." What more could you or I ask than to be one of them? In your time and in your space by God's grace, decide to make a difference for children. I love a story I read about a horseman on a chilly overcast day who spied a little sparrow lying on its back in the middle of the road. Reining in his horse he looked down and inquired of the fragile creature, "Why are you lying upside down like that?" "I heard the heavens are going to fall today," the bird replied. The horseman laughed, "And I suppose your spindly legs can hold up the heavens?" "One does what one can," said the sparrow. Do what you can and leave the results to God.

Dr. King told us that everyone can be great because everyone can serve. We should not seek to be anyone else or wait for another Dr. King or Rabbi Abraham Heschel or Reinhold Niebuhr or Dorothy Day or Franklin D. Roosevelt or Abraham Lincoln to come again to lead us. Let's pray for the grace and faithfulness to use whatever talents and time you and I have to make life better for a child and to create a world in which fewer innocent children suffer right now.

A PRAYER FOR EACH OF US TO SERVE

Lord I cannot preach like Martin Luther King, Jr.
or turn a poetic phrase like Jesse Jackson
but I care and am willing to serve.

I do not have Fred Shuttlesworth's and Harriet
Tubman's courage or Andy Young's political skills
but I care and am willing to serve.

I cannot sing like Fannie Lou Hamer
or organize like Ella Baker and Bayard Rustin
but I care and am willing to serve.

I am not holy like Archbishop Tutu,
forgiving like Mandela, or disciplined like Gandhi
but I care and am willing to serve.

I am not brilliant like Dr. Du Bois or
Elizabeth Cady Stanton, or as eloquent as
Sojourner Truth and Booker T. Washington
but I care and am willing to serve.

I have not Mother Teresa's saintliness,
Dorothy Day's love or Cesar Chavez's
gentle tough spirit
but I care and am willing to serve.

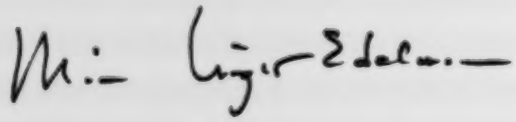
God it is not as easy as the 60's
to frame an issue and forge a solution
but I care and am willing to serve.

My mind and body are not so swift as in youth
and my energy comes in spurts
but I care and am willing to serve.

I'm so young
nobody will listen
I'm not sure what to say or do
but I care and am willing to serve.

I can't see or hear well
speak good English, stutter sometimes
and get real scared, standing up before others
but I care and am willing to serve.

Use me as Thou will to save Thy children today and tomorrow and to build a nation and world where no child is left behind and everyone feels welcome.



Moments in America for All Children

Every 1 second	a public school student is suspended.*
Every 9 seconds	a high school student drops out.*
Every 10 seconds	a public school student is corporally punished.*
Every 17 seconds	a child is arrested.
Every 25 seconds	a baby is born to an unmarried mother.
Every 37 seconds	a baby is born to a mother who is not a high school graduate.
Every 40 seconds	a baby is born into poverty.
Every 56 seconds	a baby is born without health insurance.
Every 1 minute	a baby is born to a teen mother.
Every 2 minutes	a baby is born at low birthweight (less than 5 lbs., 8 oz.).
Every 4 minutes	a baby is born to a mother who had late or no prenatal care.
Every 4 minutes	a child is arrested for drug abuse.
Every 7 minutes	a child is arrested for a violent crime.
Every 10 minutes	a baby is born at very low birthweight (less than 3 lbs., 4 oz.).
Every 19 minutes	a baby dies.
Every 41 minutes	a child or youth under 20 dies from an accident.
Every 2 hours	a child or youth under 20 is killed by a firearm.
Every 2 hours	a child or youth under 20 is a homicide victim.
Every 4 hours	a child or youth under 20 commits suicide.
Every 19 hours	a young person under 25 dies from HIV infection.

* Based on calculations per school day (180 days of seven hours each).

25 Key Facts About American Children

1 in 2	preschoolers has a mother in the labor force.
1 in 2	will live in a single parent family at some point in childhood.
1 in 2	never completes a single year of college.
1 in 3	is born to unmarried parents.
1 in 3	will be poor at some point in their childhood.
1 in 3	is behind a year or more in school.
1 in 4	lives with only one parent.
1 in 4	was born poor.
1 in 5	is poor now.
1 in 5	lives in a family receiving food stamps.
1 in 5	is born to a mother who did not graduate from high school.
1 in 5	has a foreign-born mother.
1 in 6	is born to a mother who did not receive prenatal care in the first three months of pregnancy.
1 in 6	has no health insurance.
1 in 7	has a worker in their family but still is poor.
1 in 8	never graduates from high school.
1 in 8	is born to a teenage mother.
1 in 12	lives at less than half the poverty level.
1 in 12	has a disability.
1 in 13	was born with low birthweight.
1 in 24	lives with neither parent.
1 in 26	is born to a mother who received late or no prenatal care.
1 in 60	sees their parents divorce in any year.
1 in 138	will die before their first birthday.
1 in 910	will be killed by guns before age 20.

Family Income

It's very hard. I try not to ask for help, but don't like the kids to be hungry. The worst thing is medical worries — thankfully, we are all healthy, but we have not seen a doctor or dentist for 5 years.

— Mother of 3 working full-time at $7 an hour, Arizona, 1999

America has never been richer. Yet poverty continues to threaten the health, potential, and dreams of millions of our children. If recent patterns persist, one out of every three children born in 2000 will have spent at least a year in poverty by his or her 18th birthday.

It does not have to be this way. Despite today's prosperity, the number of poor children is shrinking very slowly. We have done better in the past. For example, from 1959 to 1969, the nation's child poverty rate was cut in half as economic prosperity and government action combined to help lift millions of children out of poverty. But from 1988 to 1998, which included a period of celebrated economic growth, our child poverty rate crept down less than a full percentage point.

Other countries have made more progress than we have. A dozen nations less wealthy than the United States have cut their child poverty rates to half, a third, or even a fifth of the U.S. poverty rate, largely through stronger government action.

Nearly seventy years ago, our nation struggled with the enormous economic hardships brought on by the Great Depression. Official unemployment statistics shot up from 3 percent to 25 percent in just four years. President Franklin D. Roosevelt looked out across America and said, "I see one-third of a nation ill-housed, ill-clad, ill-nourished." Today, that is the plight of more than 13 million children — one-fifth of the children in America.

Before the Great Depression, the private market, even when flourishing, did not prevent poverty. Marriner Eccles, a Utah banker who headed the Federal Reserve Bank in the early 1930s, acknowledged that during the 1920s, "While the national income rose to high levels, it was so distributed that the incomes of the majority of families were entirely inadequate..."[1] The economic collapse of the 1930s forced local, state, and finally the federal government to recognize the need to take action.

During the Depression and since, policy makers have grappled with the right balance of government cash assistance, public jobs during periods of high unemployment, and supports for private sector employment. Aid to Families with Dependent Children (AFDC), created in 1935 as part of the Social Security Act, established a shared federal-state responsibility to provide cash aid to assist poor children. The 1960s brought the war on poverty and the creation of a number of anti-poverty programs including Head Start, Job Corps for youth, and various work training programs designed to help parents of poor children enter the work force. AFDC remained the main safety

net for impoverished families. Yet AFDC offered a meager safety net whose value was cut in half by inflation in the period following the early 1970s. Political leaders, emphasizing work requirements, time-limited assistance, and a more limited federal role over guaranteed protections for children, abolished AFDC in 1996. But no coherent national plan for addressing children's poverty has yet taken its place.

A new system is needed to match the changed realities of child poverty. Unlike the Depression years, unemployment now stands at 4 percent, its lowest level in three decades. But for 10 million poor children who live in a family where someone works — three out of every four poor children — their parents' work has not been a sure route to economic well-being. Today's poor families need help to make their toehold in the work force more secure. Earlier in this century our nation was willing to invest in young families. The G.I. Bill, with its education and housing help, allowed a generation of parents after World War II to compete successfully for decent jobs and to raise their children in affordable homes. The challenge now facing us is to develop a set of supports appropriate for today's low-income families, to give them the boost earlier generations have enjoyed.

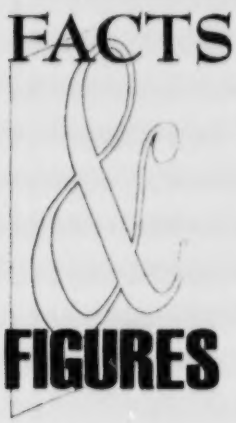
Government interventions and the private economy have greatly reduced poverty and hardship over the decades of the 20th century. But holes in the safety net, in the aftermath of the 1996 welfare law, require us to strengthen protections for poor children. Some of the needed resources already exist. Billions of federal and state welfare dollars remain unused by states, even as poor children's most basic needs go unmet. Additional funding can be found in growing federal and state budget surpluses and through more investments by businesses and communities across the nation.

The costs of inaction are too high to ignore. To grow and thrive, America needs to realize the rich potential of its young people. Poor children grow up to be less educated and less productive as workers. Our progress as a nation and as a global competitor depends on recognizing that we cannot afford to allow poverty to waste our children's future.

In 1930, a White House Conference called by President Herbert Hoover pledged to achieve

> "For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps."

Today, 70 years later, America is five times wealthier (as measured by real gross domestic product per person)[2] than it was then. We are that much more capable of giving children what President Hoover's panel of experts and top officials ranked among "the first rights of citizenship" — to grow up secure from the threat of poverty[3].



- The number of children living below the poverty line ($13,003 for a family of three or $16,660 for four) fell for the fifth year in a row in 1998 and stands at 13.5 million children.

BUT

- Nearly one in five American children (18.9 percent) still lives in poverty.
- Nearly three out of every four poor children (74 percent) lived with someone who worked at least part of the year in 1998. And a record-breaking 1.3 million families with children lived in poverty despite being headed by a full-time year-round worker – the highest number in 24 years.
- Poor children are getting poorer. Counting food and housing benefits and taxes, 26 percent of children who were poor in 1998 lived below half the poverty line – up from 21 percent who were so extremely poor in 1996.
- In 1998, 3.4 million children lived in households that experienced hunger. Another 11 million children lived in homes at risk of hunger.
- The income gap between rich and poor families is at its widest in more than 50 years.
- Despite widespread poverty among families trying to leave welfare, 17 states have each failed to spend at least $100 million of their federal welfare funds over the past three years.

Strong Economic Growth Finally Trickles Down

By 1998, the booming U.S. economy had grown for eight straight years, marking the longest peacetime expansion in the 145-year history of official business cycles. In 1999, unemployment dropped to a 30-year low of 4.2 percent. Average weekly wages rose 2.7 percent above inflation in 1998, the fastest rate in 27 years, and by 1999 average wages reached $457 a week.

Moreover, economic growth had clearly begun to reach the bottom rungs of the economic ladder. For the first time in a dozen years, typical (median) weekly wages of high school dropouts working full-time gained ground against inflation. In 1998, full-time White and Black workers saw the buying power of their weekly wages rise by at least 2 percent; also helped were workers younger than 25 as well as older; and dropouts as well as high school and college graduates. Men's wages gained 1.9 percent while women's wages, which started lower, gained 4.1 percent. Wages generally continued to rise in 1999, although for lower-paid workers the pace of improvement was much slower than in 1998.

Yet these welcome short-term gains failed to undo the string of losses that had eroded the value of workers' wages during the previous quarter-century. These long-term losses had hit hardest among young male workers and workers without a college education. Overall, full-time workers saw their typical weekly wages fall by 2 percent between 1973 and 1999, after adjusting for inflation.

Income Gap at 50-Year High

For most of the 20th century, poor and rich Americans shared the fruits of a growing economy and economic gaps narrowed.[4] But during the last 25 years, the pattern of shared growth stopped, and economic gaps began to widen. Today's poor children are caught on the wrong side of a record-wide gulf separating rich and poor.

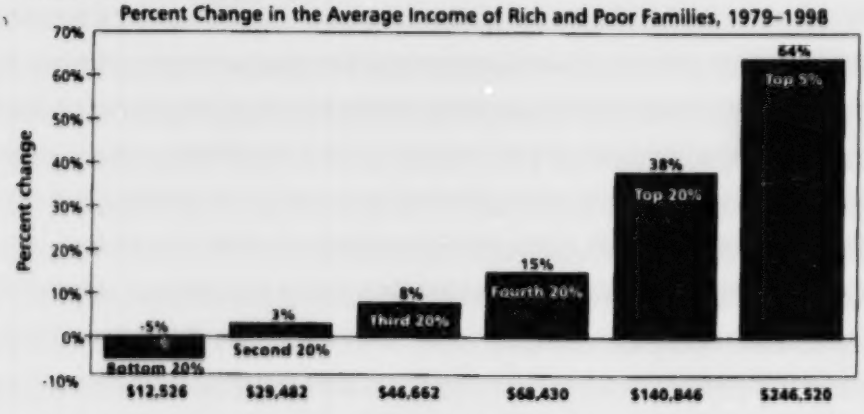
Since 1973, the nation as a whole has prospered, with real disposable income per person rising by 47 percent through 1998.[5] But increases in family income have largely benefited the wealthiest one-fifth of all families. Among the top 5 percent of families, average income rose by $100,000 during those 25 years, reaching $246,520 a year in 1998. But among the poorest one-fifth of families, average incomes were only $12,526 in 1998, lower than they were in 1973. The top 5 percent of American families now makes nearly 20 times the average income of the bottom one-fifth of families. This gap is the widest it has been in the 52 years for which annual income statistics exist.

Middle-Income Families Work Harder or Lose Ground

The yearly income of the typical (median) family with children was $45,422 in 1998 — a record high.

THE RICH HAVE GROWN RICHER

Percent Change in the Average Income of Rich and Poor Families, 1979–1998



Note: Dollar figures show average income in 1998. The Census Bureau adjusted data for prior years for inflation using an inflation measure, called the CPIU-X1, which is more conservative than the official inflation measure. If the figures had been adjusted using the official measure of inflation, they would have shown deeper losses or smaller gains.

Source: U.S. Department of Commerce, Bureau of the Census, Historical Income Tables, retrieved from the Internet at www.census.gov/hhes/income/histinc/f03.html, January 19, 2000. Calculations by Children's Defense Fund.

How Is Poverty Defined?

The federal government calculates annual poverty data using a measure designed nearly 40 years ago. Varying by family size, the poverty thresholds were based on a 1955 survey showing that poor families spent about one-third of their income on food. So, a very low-cost food budget was selected and multiplied by three. Since then, little has changed in defining poverty. Although each year the thresholds are increased for inflation using the Consumer Price Index, this method may not capture changes in families' needs from one generation to the next. For example, today's working families are expected to pay for child care and to commute longer distances to work — new expenses not fully reflected in the official poverty standard.

When the government counts the number of poor people, it bases its calculations on their cash income, largely from employment and government cash benefits. The official poverty definition does not count non-cash benefits such as food stamps, school lunches, housing assistance, or the federal Earned Income Tax Credit; nor does it take into account state and federal tax payments or other work expenses, such as transportation or child care, which today make up big chunks of a family's budget. By excluding non-cash benefits and the Earned Income Tax Credit, the annual poverty numbers do not measure progress or setbacks that occur when government expands or cuts these programs. As part of ongoing research to improve the poverty count, the Census Bureau also calculates alternate measures that do include these other sources of income. But any effort to change the official definition of poverty must accurately count both sources of income and major expenses, which was recommended in 1995 by a prestigious panel of the National Academy of Sciences. Until that is done, the annual poverty figures provide a rough gauge of the extent of poverty and a reasonable measure of change from one year to the next. Scholars, government analysts, and child advocates increasingly also use the alternate calculations including non-cash benefits and taxes, which help paint a clearer picture of how changes in government assistance affect children and families.

This was good news, the result of strong one-year gains in wages and employment. But looking at middle-income gains over 10 or 20 years reveals hidden costs for children and their families.

Starting around 1973 and continuing for two decades, men's wages declined and many married women had to choose between working harder or having their family's income lose value. Many wives went to work or increased their annual work hours, which helped to stabilize what otherwise would have been a sharp decline in median family income during that period.

By 1998, 41 percent of married fathers who worked full-time all year had wives also working full-time — up from 35 percent just 10 years earlier. Fully 75 percent of such working fathers had wives who worked at least part-time or part-year. The surge in employment by the second parent contributed to rising incomes. By contrast, in families where the wife did *not* go to work, median annual incomes fell by $2,242 from 1988 to 1998.[6]

One in Five Children Is Poor

When America's growing wealth was shared widely, children's poverty rates plunged. Child poverty rates fell by one-third in the 1940s by some estimates. They fell again by nearly one-half in the 1950s and again in the 1960s.

In the 1970s, the pattern changed. After decades of decline, long-term progress against child poverty largely ground to a halt after 1973. The chance of an American child being poor in an average year of the 1990s was 21.0 percent and 20.5 percent in the 1980s, up notably from the 15.7 percent chance in the 1970s. By 1998, 13.5 million American children — nearly one out of every five — lived in poverty. Among elderly

Americans, by contrast, the poverty rate (10.5 percent) has never been lower.

During the economic growth of 1993 to 1998, the number of poor children fell by 2.3 million. That was unquestionably good news. But the number remained higher than in any year from 1966 to 1990.

Child poverty is stubbornly entrenched in the national landscape, but its nature is changing. More and more poor children live in hardworking families with wages too low for them to earn their way out of poverty. In 1998, 74 percent of the poor children in America lived in a family where someone worked, up sharply from 61 percent just five years before. Even more startling, one out of every three poor children — 4.3 million — lived in families where someone worked full-time, year-round. The number of families with children who were poor in 1998 despite being headed by a full-time, year-round worker is the highest in the 24 years these figures have been compiled.[7]

In 1998, the most recent year with poverty data available, the poverty threshold was $13,003 for a three-person family.[8] But the average poor family with children made far less: less than $9,000 a year in cash income in 1998. Two-thirds of this money ($6,700 a year) was from work. Only one-sixth ($1,500 a year) was from government means-tested cash benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) for the disabled.[9]

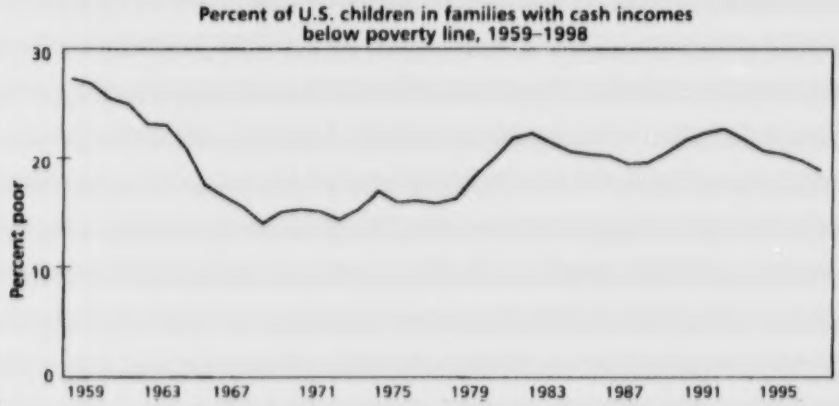
Although the overall number of poor children is declining, those who are poor increasingly face deep poverty. How deep? A three-person family with less than $6,502 a year, or $125 a week, lived below half the federal poverty line in 1998. Over 5 million American children lived on this little in 1998 — a 91 percent increase since 1976. Fully 42 percent of all poor children lived below half the federal poverty line, up from 28 percent in 1976.[10]

Despite persistent stereotypes, more than three out of five poor children in America are White. But racial inequities remain shamefully high: the poverty rates for Black and Hispanic children were more than twice the White child poverty rate. Black children also suffer the highest concentrations of extreme poverty: 48.3 percent of poor Black children lived below half the poverty line. About four out of 10 Hispanic and White children were that deeply poor.

Why Are Children Poor?

Child poverty has many roots. When parents work sporadically or their wages are too low, their children are poor. Some parents are unable to work, sometimes temporarily, for reasons ranging from disability to crises of family violence. Many parents find jobs but then lose them due to layoff, illness, or the need to care for sick family members or children with special needs. Difficulties in paying for child care and transportation, and, in some cases, problems such as sub-

CHILD POVERTY, 1959–1998



Source: U.S. Department of Commerce, Bureau of the Census, Historical Poverty Tables, retrieved from the Internet www.census.gov/hhes/poverty/histpov/hstpov3.html, January 19, 2000.

Poverty Status of Children Younger than 18 in America, by Selected Characteristics, 1974, 1989, 1997, and 1998

	Number Poor (in thousands)	Percent Poor			
	1998	1998	1997	1989	1974
All persons younger than 18	13,467	18.9%	19.9%	19.6%	15.4%
White	8,443	15.1	16.1	14.8	11.2
Black	4,151	36.7	37.2	43.7	39.8
Asian and Pacific Islander	564	18.0	20.3	19.8	n.a.
Hispanic (can be any race)	3,837	34.4	36.8	36.2	n.a.
Non-Hispanic White	4,822	10.6	11.4	11.5	9.5
Children related to head of household	12,845	18.3	19.2	19.0	15.5
In female-headed family	7,627	46.1	49.0	51.1	51.5
All other family types	668	9.7	10.2	10.4	8.7
Family member works	9,536	14.4	14.7	13.1	n.a.
Full-time, year-round	4,302	7.8	6.6	6.1	n.a.
South	4,699	19.9	21.1	22.0	21.2
All other regions	8,146	17.5	18.3	17.4	12.7
Central city	5,836	27.7	28.3	29.0	21.6
Suburb	4,404	12.2	12.8	11.4	9.0
Rural (nonmetropolitan)	2,605	19.7	21.9	21.3	18.1
Younger than 6	4,775	20.6	21.6	21.9	16.9
Ages 6-17	8,071	17.1	18.0	17.4	14.9
Comparison: Adults Ages 18-64	17,623	10.5	10.9	10.2	8.3

n.a. — data not available.

Sources: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, Series P-20, Nos. 102, 171, 201, and 207; and U.S. Department of Commerce, Bureau of the Census, Current Population Survey, March 1990, March 1998, and March 1999. Calculations by Children's Defense Fund.

stance abuse and mental illness also contribute to unstable employment. Children are also very likely to be poor when only one parent contributes to their support: 46 percent of children in single-mother families live in poverty. Increasingly, the weakening safety net deepens child poverty. Parents may be working more, but their low wages cannot make up for the loss of cash benefits, food stamps, or other public aid. Understanding these causes of child poverty is essential to figuring out the right solutions.

Parents' low-wage or sporadic work. Parents' inadequate wages explain why in 1998 4.3 million children, or 33 percent of all poor children, were poor despite living in a family where someone worked full-time, year-round. Another 20 percent of poor children had family members who worked part-time but for hourly wages so low that even working full-time, year-round would not have lifted their families out of poverty. Strikingly, the number of poor children living in full-time, year-round working families is on the rise,

up by 20 percent since 1997 and by 53 percent since 1989. Much of this increase in the work effort of the poor is due to the strong economy. Also, some families on welfare have been helped into the work force by government efforts such as expanded child care assistance, medical assistance, and tax credits for working poor families, or have been pushed to work by new welfare rules and practices.

Yet after these parents enter the work force, they find it hard to escape poverty. Too often, entry-level wages for less educated workers pay below the poverty line, particularly for women. Half of all women without a high school degree who worked full-time in 1998 earned less than $283 a week. After inflation, this was 15 percent less than similar women earned in 1979 and 12 percent less than they would have needed to lift a family of four out of poverty. Working men without a high school degree earn more than women — typically $383 a week — but their inflation-adjusted wages have fallen twice as fast.[11]

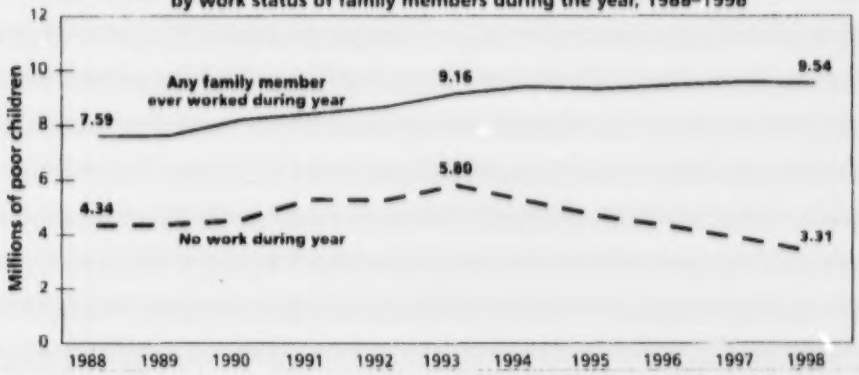
But many poor parents do not work full-time, year-round. For single mothers with incomes in the poorest fifth, average earnings totaled only $1,869 in 1998 (only nine weeks of work at the $5.15/hour minimum wage), according to the Center on Budget and Policy Priorities.[12] The Children's Defense Fund calculated that in 1998, 9 million poor children had a family member who worked at least five but less than 50 weeks of the year. In 45 percent of these cases, the adults did not have a high school degree.[13]

Single parents. Increasingly, two incomes are needed to raise children at a decent living standard. Single mothers are three times as likely to be poor compared with other adults, and as noted earlier almost half of all poor children live in single-parent families. Single mothers rarely get child support — only 23 percent of government child support cases received any amount in 1998.[14] Caring for children reduces the number of hours parents can work, especially when there is only one parent to handle child care responsibilities. Low wages make it difficult to pay for child care, and unpaid arrangements are unstable and result in lost work. (See the Child Care chapter for more about the need for affordable child care.)

Severe barriers to employment. Severe problems that threaten the lives of poor families often compound each other. A single mother caring for a child with a disability is likely to work fewer hours and earn less. Similarly, if she has a disability or has to relocate to escape domestic violence, work becomes less stable and, in some cases, impossible. According to an in-depth study conducted by the Better Homes Fund and the University of Massachusetts Medical Center, nine out of 10 low-income single mothers surveyed had experienced family violence either as children or as adults.[15] Mothers trying to cope with such a painful past or present are more likely to experience depression or substance abuse. In the Temporary Assistance for Needy Families caseload, large numbers

MORE POOR CHILDREN IN WORKING FAMILIES

Number of children in poverty, by work status of family members during the year, 1988–1998



Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey, March 1989–March 1999. Calculations by Children's Defense Fund

of low-income single mothers have experienced sexual abuse and/or domestic violence, which often leads to post-traumatic stress disorder and depression. Estimates indicate that 10–20 percent of mothers receiving TANF suffer from substance abuse.[16] Most women who have experienced these traumas want to work. In fact, more than two-thirds of the women in the Better Homes study had work experience, but were far less likely to maintain stable work with any one or a combination of these problems.

Lack of skills and education also leads to more child poverty. A 10-year study of mothers with and without welfare experience found that those who received welfare at some point were far more likely to score low in basic skills tests. About one-third (32.8 percent) scored in the bottom 10 percent of the Armed Forces Qualifying Test (AFQT), compared with only 6.2 percent of similar mothers who had never been on welfare. These very low skills are a factor in the fewer weeks of work among mothers who had been on welfare: at age 27, they worked an average of 35 weeks during the year, compared with 42 weeks for the mothers without welfare experience.[17]

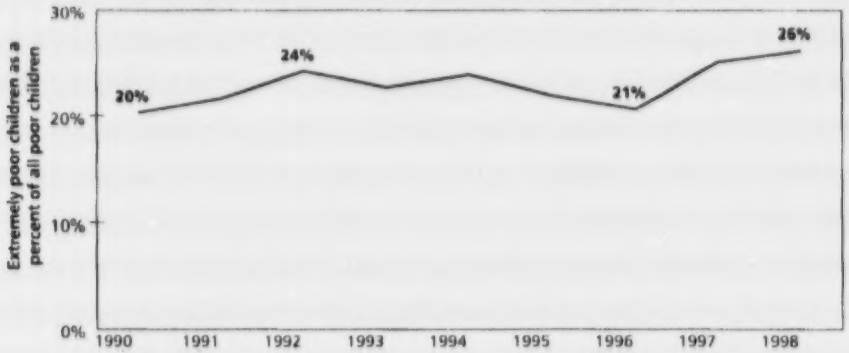
The fraying safety net. Many factors contribute to limiting the hours of work and potential wage rates for low-income parents. Interventions such as effective job training and placement, more low-cost child care, and improved child support collections are needed if families are to escape poverty. But to the extent that such strategies are inadequate, children also need a safety net to supplement their parents' low earnings.

When parents can work steadily, some already available supplements make a real difference. For example, the Earned Income Tax Credit (EITC) can provide thousands of dollars to augment low wages, and a number of states allow families to combine partial welfare benefits with low wages, at least temporarily. But when parents earn very little or cannot work at all, the safety net has done much less to protect their families from poverty in the last few years. Only 41 children for every 100 poor children received TANF in 1998 — lower than any year since 1970. Also, food stamps helped fewer children: 72 children for every 100 poor children received food stamps in 1998, down from 88 children in 1995.[18]

In 1998, annual earnings among the poorest tenth of single mothers were just $1,021, in an analysis of Census data by the Center on Budget and Policy Priorities. Their earnings and EITC refund were up slightly in 1998 when compared with 1995. But these mothers lost more in means-tested benefits such as food stamps and cash welfare than they gained in earnings. Compared with 1995, their combined incomes fell by $816 (in 1998 dollars), counting all sources of income.[19]

POOR CHILDREN GETTING POORER

Percentage of poor children who live below half the poverty line, 1990–1998
Incomes less than $6,502 for a three-person family in 1998



Note: Figures account for cash income, food and rent assistance, and taxes.

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey, March 1991–March 1999. Calculations by Children's Defense Fund.

Work, Well-Being, and Families With Children: A Progress Report

The 1996 federal welfare legislation was intended to encourage work and make cash assistance temporary. The combined effects of the booming economy, increased government help such as the EITC and child care, and the welfare law's implementation have led to a precipitous decline in the welfare caseload. Between August 1996, when the law was enacted, and June 1999, the TANF caseload declined by 44 percent nationwide. The number of families served by TANF dropped from 4.4 million to 2.5 million, and the number of individuals declined from 12.2 million to 6.9 million, a difference of 5.3 million recipients.[20]

Who leaves? Who doesn't? Most welfare analysts believe that the current TANF caseload includes a disproportionate number of families with severe problems who need more intensive help to leave welfare successfully. The Urban Institute's American Family Survey offers some support for this belief. In comparisons of current (1997) and former recipients, the survey found that 40.7 percent of adults receiving TANF had not completed high school, compared with 28.9 percent of adults who had left welfare. Of the current recipients, 41.1 percent have three or more children, compared with 33.4 percent of the former recipients. In addition, 43 percent of those currently receiving aid had either never worked or last worked three or more years ago, compared with only 13 percent of those who had left TANF. Current recipients were also more likely to have physical or mental health barriers to work, but the differences were not as pronounced.[21]

In most states studied, half or more of families work after leaving welfare. The National Conference of State Legislatures (NCSL) summarized reports from 21 states, and found that in 12 states between 50 and 60 percent of adults leaving welfare were employed the quarter following their departure from TANF or at the time they were interviewed. Three states reported that fewer than half of those leaving welfare found work, and four states found that more than 60 percent of those leaving welfare had jobs.[22]

Families have always left welfare for work. In the years before the 1996 welfare changes, researcher LaDonna Pavetti found that about half the welfare caseload left welfare each year, and between one-half and two-thirds of those who left had jobs.[23] That is, both before and after the 1996 welfare law passed, parents leaving welfare found work in similar proportions. The difference is that more families are leaving welfare today, so the total number of parents finding employment is higher.

Work brings below-poverty wages. For parents who find work after leaving welfare, state reports uniformly show most wages below the poverty line. In December 1999, the U.S. Department of Health and Human Services (HHS) awarded high performance bonuses to 27 states for the period from October 1997 through September 1998. Average earnings were $2,088 in the first quarter of employment and $2,571 in the third quarter, as submitted by the 46 states that chose to compete for these bonuses.[24] The starting pay was only about three-fifths of the poverty line for a three-person family, and the higher pay reached only three-quarters of the poverty line. State reports about families leaving welfare have found wage rates generally in the $6 to $7 an hour range, with work hours commonly over 30 hours a week. A mother with two children earning $7 an hour full-time, year-round, would exceed the 1999 poverty level by $680. But such steady work is very uncommon.

Large numbers of families leaving welfare are not working. If half to two-thirds of the parents who leave welfare are working, then half to one-third are not. Some families work for awhile and are then unemployed for a period of months. Others face severe problems that prevent work for longer periods. For a small number, work is impractical or impossible due to acute mental illness, physical disability, domestic violence, substance abuse, or the need to care for a child with a disability. Without help, persons in rural or urban areas with high unemployment may be unable to work, while mothers, especially those with more than three children, may not be able to secure child care at an affordable cost.

Although the vast majority of TANF recipients has worked at least briefly since leaving welfare, the fact that one-third or more of families who have left welfare are not presently employed is a major issue, likely to affect more than a million children.

Who works? Who doesn't? Unsurprisingly, mothers with more years of education and fewer barriers to employment such as disability, limited

proficiency in English, and minimal work experience are more likely to work when they leave welfare. The American Family Survey data from 1997, the first year of welfare law implementation, showed that among mothers who had left welfare, 80 percent of those with at least a high school education and none of these barriers to employment were working. But among former welfare recipients with three or more barriers to employment, only 9 percent were working.[25]

A study of more than 15,000 welfare cases that were closed in South Carolina from October 1996 through March 1997 revealed troubling differences between families whose benefits were terminated because a program rule was violated and those who left welfare for a job. Fewer than half of those who had been removed from welfare were working, even two years after leaving welfare, compared with two-thirds of those who left welfare for work. Two years after leaving welfare, sanctioned families with jobs had quarterly earnings of $1,609, below half the poverty line. Families who left because of work were better off after two years but still poor with typical quarterly earnings of $2,544.

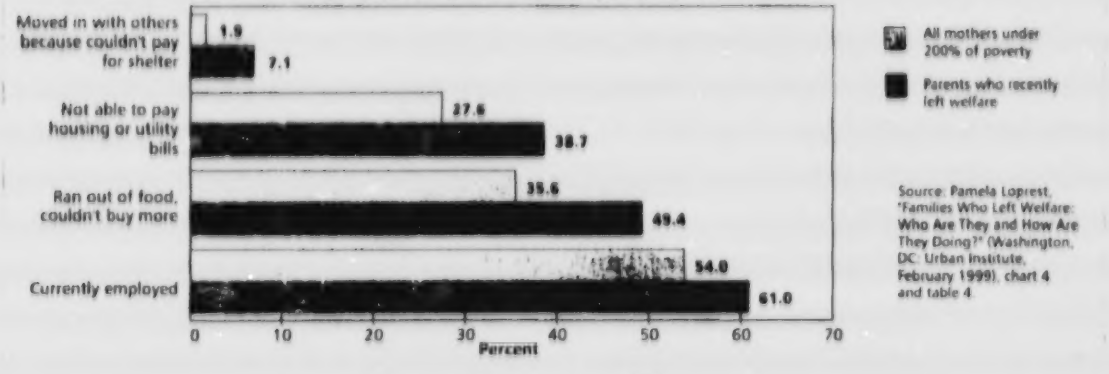
In the first two quarters of South Carolina's TANF program, 28 percent of case closures occurred because of sanctions, another 24 percent closed for failure to provide required information, and 28 percent left because of earnings. The state chose to deny transitional child care and adult Medicaid coverage to sanctioned families, whether they were working or not.[26] The point of penalizing families by revoking benefits is to prompt them to gainful employment. For many families, it hasn't worked. Studies have shown reasons why some families break rules and lose aid. Some sanctioned families are more likely to suffer from multiple problems that loom as barriers to employment. Without more appropriate help, they will work and earn less than others leaving welfare.

Hardship and well-being. Life on welfare is hard, and families that leave should see improvements. Some families do feel better off. In Wisconsin, 48 percent of survey respondents said they had more money after leaving welfare. But 68 percent said that they were "just barely making it from day to day." In South Carolina, which has much lower TANF benefits than Wisconsin, 59 percent said they had more money after leaving, while 56 percent said they were just barely making it.[27] The disturbing numbers of families who report problems securing food and shelter reveal the struggle to make ends meet.

Not enough food. From 1997 to 1998, there was a dramatic rise in the number of children and adults nationwide who did not have access to enough food to meet basic needs. After a decline in food insecurity and hunger from 1996 to 1997, a 1999 report by the U.S. Department of Agriculture found that the proportion of children experiencing such need rose from 14.6 percent in 1997 to 19.7 percent in 1998, an increase of 3.7 million children.[28] According to the Urban Institute's National Survey of America's Families, more

WORK AND HARDSHIP

Proportion of low-income parents ever experiencing hardships in the last year, and proportion currently employed, 1997



Source: Pamela Loprest, "Families Who Left Welfare: Who Are They and How Are They Doing?" (Washington, DC: Urban Institute, February 1999), chart 4 and table 4.

than half the children living below 200 percent of the poverty line lived in families who were worried about running out of food or had trouble affording food.[29] Among families no longer receiving food stamps, there was more hardship: the survey found that fully two-thirds of families losing food stamps reported some difficulty affording food, and one-third of families experienced severe difficulties.[30]

State studies of families leaving welfare support the national reports. In Florida, 42.6 percent of families leaving TANF reported that at some point they had "no way to buy food." In Kansas, 19 percent did not have enough food for themselves or their children. In Massachusetts, South Carolina, and Wisconsin, state surveys asked former recipients to compare how things had been while they were receiving assistance with their situation afterward. While on welfare, 11 percent of Massachusetts families "sometimes did not have enough to eat"; 6 percent of South Carolina families and 22 percent of Wisconsin families reported a "period without money to buy food." After leaving welfare, the problems were even worse: in Massachusetts, 17 percent sometimes did without food, with increased numbers of families unable to buy food in Wisconsin (32 percent) and South Carolina (14 percent).[31]

Under most circumstances, workers earning wages typical of parents moving from welfare to work would be eligible for food stamps. While the amount of food stamp assistance depends on family size, income, and housing costs, a mother with two children and earnings of approximately $220 a week could expect food stamps to add about $150 to $175 a month to the family's income. Supporters of the 1996 welfare law expected that while cash assistance would be time-limited, food stamps and Medicaid would remain as an important part of the safety net for working families with children.

But something unexpected happened: the food stamp caseload has declined far more than anyone would have predicted. From August 1996 (when the federal welfare law was enacted) to August 1999, 7 million fewer people received food stamps, a 29 percent nationwide drop.[32] In good economic times, some reduction in food stamp use is expected and welcome as families' incomes rise and they no longer need the help that food stamps provide. But there is evidence that the good economy is not the only force driving reductions in the food stamp caseload. From 1994 to 1997, when the number of school-age children receiving food stamps declined by 18 percent, the number of children in families with incomes low enough to get free school lunches rose by 6 percent.[33] Further, the drop in the food stamp caseload is entirely out of proportion to the recent reduction in poverty. Over the two most recent years for which there is data (from 1996 to 1998), the poverty rate for all Americans dropped by 7.3 percent.[34] During a comparable period, the food stamp caseload declined by 24.1 percent.[35]

If continuing need exists, why is the food stamp caseload declining? In part, the 1996 welfare law changed eligibility rules and excluded many from receiving food stamps. As a result, the number of childless adults receiving food stamps dropped by 25 percent in the welfare law's first year, while the number of legal immigrants (permanent resident aliens) declined by more than 30 percent.[36] In 1998, some immigrants, including children who had arrived in the country before August 1996, regained food stamp eligibility. Most of the decline since 1996 can be attributed to the drop in food stamp households that had previously received TANF benefits. According to the Urban Institute's National Survey of America's Families, by 1997 two-thirds of all families losing food stamps appeared to remain eligible based on their incomes. When asked why they were no longer receiving food stamps, 72 percent of former welfare recipients said it was because of increased earnings or a new job. Even among former welfare recipients reporting incomes below half the poverty line, 49 percent said they stopped receiving food stamps because of work. These families did not know that they were still eligible for food stamps or found it more difficult to get access to food stamps once they were working. Ten percent of former TANF families stopped receiving food stamp benefits because of administrative problems or hassles. Strikingly, the lower the former recipients' income, the more likely they were to report these hassles as the reason for losing food stamps.[37]

The struggle to maintain a home. The typical (median) poor household paid $426 a month for rent in 1997, or 46 percent of its income on monthly housing costs.[38] According to the U.S. Department of Housing and Urban Development (HUD), in 1995 12.5 million Americans, including 4.5 million chil-

dren, were in households paying more than half their income on rent — an all-time high.[39] In eight states, a family trying to rent a typical two-bedroom apartment without paying more than 30 percent of its income would need earnings of at least $14 an hour.[40]

Rent is a constant struggle for low-income families, and the need for low-cost housing greatly exceeds the supply. The average stay on a waiting list for a low-cost housing voucher under the federal Section 8 program is now more than two years.[41]

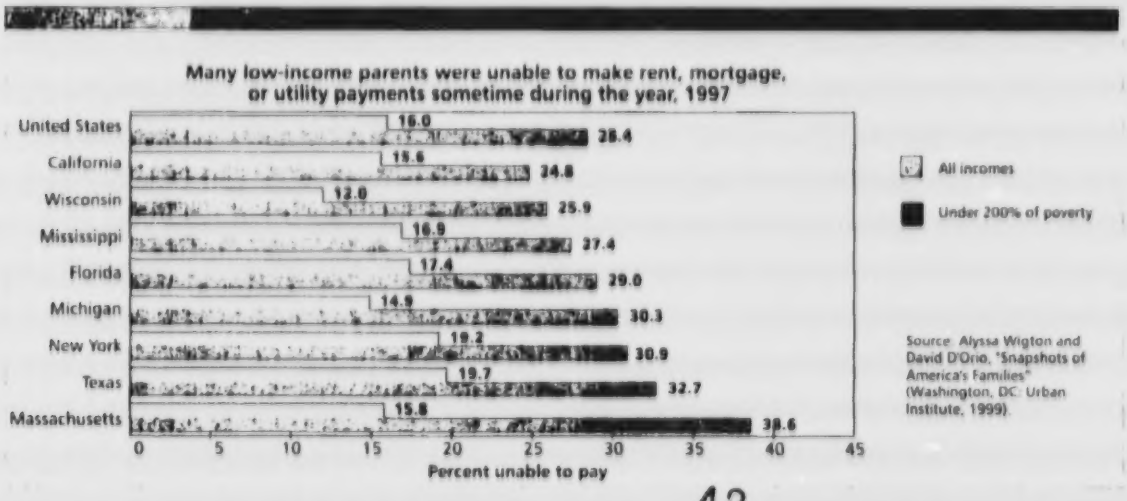
In 1997, just over 13 million renters, including families or individuals, had incomes below $15,000 a year. But there were fewer than 3.9 million assisted housing units (either public housing units or vouchers used by renters to reduce their costs in private market housing), or only three low-cost units for every 10 renters with incomes under $15,000.[42]

Parents with modest incomes do not find it easy to pay such high portions of their income for housing. Twenty-eight percent of parents with incomes below 200 percent of the federal poverty line reported problems paying their mortgage, rent, or utility bills, according to the Urban Institute's National Survey of America's Families.[43]

The low incomes of families leaving welfare or still receiving assistance make it likely that they will find it hard to cover their housing costs. In Florida, 49.5 percent of families leaving welfare fell behind in rent or housing payments, and 20.2 percent had to move "because of lack of money." In Kansas, 15 percent reported that one or more children had left their home since their case closed, with the majority of children going to live with other family or friends. In Washington State, 11 percent said they had no place of their own at least once after leaving welfare; in Wisconsin, 37 percent of families leaving welfare fell behind in rent or housing payments, compared with 30 percent of the same families when they received welfare.[44]

Often, both parents do not contribute to their children's support. While there has been progress in collecting child support from absent parents, the majority of those parents still do not pay. In 1998, there were 19.6 million government child support cases. Only 23.1 percent of government child support cases had achieved any collections. The government caseload includes TANF families and other single- parent families who seek help in collecting child support. The percentage of total cases with collections has improved steadily from its 18.3 percent rate in 1994, but much more progress is needed. From 1994 to 1998, the total caseload has risen by a little over a million families and the number of paternity establishments has more than doubled, from 676,459 in 1994 to 1.46 million in 1998. But with child support enforcement workers typically carrying 1,000 cases each, not enough progress has translated into actual payments for children.

Children receiving TANF or in foster care are less likely to have child support collected on their behalf than the rest of the caseload. Only 13.9 percent of



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TANF/foster care cases have collections, compared with 28.0 percent of the other cases.[45]

Under the Aid to Families with Dependent Children law, when the state child support office collected payments on behalf of a child receiving welfare benefits, the state and federal governments shared most of the money collected, but $50 was "passed through" to the family each month child support was collected. When the law changed in 1996, states were allowed, but no longer required, to pass through some of the child support collected for children receiving TANF. As of January 1, 1999, 23 states had established some form of child support pass-through, usually the $50 maximum that existed under the AFDC law.[46] In 1998, just over $150 million in child support was paid to families on behalf of children receiving TANF or foster care, down from about $480 million in 1996, when the $50 pass-through was mandatory.[47]

Children with disabilities and SSI. Because caring for a child with a disability means that parents cannot work or must work fewer hours, Supplemental Security Income provides assistance to low-income families in caring for children with disabilities. In 2000, the maximum benefit per child is $512 a month, up from $500 a month in 1999.[48] In 1999, the average payment to children was $425.[49] Sixty-one percent of children receiving SSI lived in single- parent families in 1999, and one parent can find it daunting to try to balance the needs of a child with a disability and work. Two-thirds of single parents whose children received SSI had no earnings. About one-quarter of children receiving SSI live with two parents, and 70.3 percent of these families have earned income.[50]

In response to allegations that children, especially those with mental disorders, were inappropriately receiving SSI benefits, the 1996 welfare law made children's SSI eligibility criteria more restrictive. Under the law, 288,000 existing cases were examined to determine whether they met these new standards. As of July 1, 1999, 103,980 or 38 percent of these redetermined cases were found to be ineligible. Sixty-two percent, or 170,081 cases, remained eligible with some appeals still pending. After the Social Security Administration's approach to the redeterminations was criticized as being more restrictive than the law required, SSA undertook a "top-to-bottom review" of these cases. The review resulted in more appeals and ultimately more approvals of benefits. In addition, some families who had initially appealed their children's loss of SSI had been discouraged from seeking continued benefits while the appeal was being considered. By ensuring that families understood they could continue to receive SSI benefits pending the appeal, the review increased the proportion of children receiving payments during an appeal from 50 to 75 percent.[51]

Before the eligibility restrictions were enacted in 1996, SSI had peaked at 955,174 children, 14.4 percent of the entire SSI caseload. As of June 1999, the number of children had declined to 878,534, down to 13.3 percent of the SSI population.

Immigrant children: benefits lost and (some) restored. The 1996 welfare law denied benefits such as food stamps and Supplemental Security Income to many legal immigrants. States could opt to maintain TANF and Medicaid for legal immigrants who entered the United States prior to August 22, 1996, the date the welfare law was enacted. Virtually all states did so, but children and adults who arrived after the 1996 cut-off date were barred from receiving TANF or Medicaid for five years.

Since the law's enactment, some legal immigrant children have regained benefits because of changes in federal law in 1997 and 1998. But hundreds of thousands of children, no matter how poor, continue to be denied basic aid because of the child's or parent's immigrant status.

A year after the welfare law took effect, 125,000 legal immigrant children lost food stamp benefits, and another 700,000 citizen children lived in households where immigrant adults lost food stamps.[52] In either case, children were worse off because less food could be purchased in their home. In 1998, food stamps were restored for immigrant children who arrived legally in the United States prior to August 22, 1996. Since their parents remained ineligible, immigrant children's families had less support from food stamps than other families of comparable size and income. As more time elapses, the number of children entering the United States after the 1996 cut-off date grows, and they continue to be ineligible for food stamps.

Forty-five percent of noncitizen families with children lived below 125 percent of the poverty line in 1998,[53] and they could not afford to lose food stamp

benefits. The California Food Security Monitoring Project and California Food Policy Advocates documented a dramatic increase in households in San Francisco and Los Angeles that lacked nutritionally adequate food and whose members were sometimes hungry. Six months after the welfare law was enacted, half the immigrant families with children whose benefits were cut experienced household food insecurity with moderate or severe hunger, levels of deprivation that are four times higher than those experienced by the low-income population as a whole. Families shielded children from hunger as long as possible, but after six months of cuts all family members experienced hunger.[54]

One in every five children in the United States — 14 million — is an immigrant or has immigrant parents.[55] Most of these children live in families where parents work and do not seek government benefits. But even when children are needy and eligible, they may not get help. Noncitizen parents may fear applying for benefits on their citizen children's behalf, believing it would jeopardize their ability to stay in the United States. Immigrants to the United States must demonstrate that they are not likely to become a "public charge," someone who makes use of government cash assistance such as TANF or SSI. In 1999, the U.S. Immigration and Naturalization Service (INS) clarified that noncitizens can make use of noncash benefits such as food stamps or Medicaid without fear that they would be labeled a public charge. (For more about this, see the Child Health chapter.) While citizen children have always had unrestricted eligibility for benefits and services, the new INS policy guidance may alleviate some of their parents' fears of contacting government offices.

The time limit clock is ticking. Across the nation, families in 18 states[56] have begun to exhaust time-limited benefits, a central feature of the 1996 welfare law. In some cases, lifetime limits have been reached; in other states, families have used up a fixed period of benefits and must wait before being eligible to receive benefits again. What we know so far about families leaving welfare suggests that many are not adequately prepared to face a future without cash assistance.

Helping Children to Escape Poverty: The Family Needs Checklist

If there was ever a time when the nation should be making great strides towards ending child poverty, it is now. The economic boom has opened up job prospects around the country, although wages for low-skilled workers are usually not enough to support a family. States can afford services needed to prepare parents for work and benefits that augment low wages. Billions of dollars intended to fund welfare-to-work initiatives remain unspent and available for investment. Beyond these resources, revenues are streaming into the federal and state treasuries because of higher earnings by individuals and businesses.

If child poverty has many causes, then there must also be many solutions. Some poor parents need to resolve long-standing issues of domestic violence to move forward; others have learning disabilities, which have thwarted their efforts to compete for better jobs. In some areas, subsidizing housing costs would allow families to live closer to jobs while helping them make ends meet. Other families might manage adequately with child care help and consistently-paid child support.

A family needs checklist can help us identify major components of an anti-poverty strategy, see how far we have come, and how much more needs to be done. Some items on the list are appropriate for some families but not others; it is a menu of options families should be able to select from, based on their particular needs.

Are there steady jobs that mothers leaving TANF can qualify for? The majority of mothers receiving TANF have very low skills. An analysis by the National Center for the Study of Adult Learning and Literacy found a nationwide shortage of jobs that require the lowest literacy levels.[57] If parents gained skills, they could compete for jobs with higher pay. If only limited skill-building is possible, parents should have the option of government-created or -subsidized jobs when no other work is available.

✓ **Upgrade skills.** While some parents receiving TANF may have disabilities that make dramatic improvements in skills unlikely, there are many who could benefit greatly from various forms of training, including post-secondary education.

Rather than simply creating more low-skilled, low-paying jobs for mothers on welfare, helping as many as possible to compete for the larger pool of higher-skilled jobs will increase their earnings potential. But most states have been moving in the wrong direction. In 1994–1995, 684,763 students who reported receiving cash assistance applied for Pell Grants, the federal student aid program. By the 1998–1999 school year, the number of applicants dropped to 358,530 — a decrease of more than 47 percent.[58] Most states have discouraged education and directed TANF recipients to job search and work activities in order to assure compliance with federal work participation targets and/or to speed their departure from the TANF caseload.

But in order to increase families' earning potential, states should encourage education where possible. A woman who had not completed high school earned an average hourly wage of $6.94 in 1997, compared with a woman with some college education who earned an hourly wage of $10.93. A college graduate averaged $15.90 an hour.[59]

States can allow mothers to enroll in post-secondary programs without fear of missing their federal work participation requirements. All states met their overall goals in 1998, the most recent data available.[60] Once there are enough participants to fulfill the federal requirements, states are free to spend federal or state dollars to support TANF recipients in post-secondary education or any other form of training. Maine uses state dollars in its Parents as Scholars program to ensure that participants in post-secondary education do not have to work the number of hours required to satisfy the federal rules. Other states use federal funds. Delaware allows recipients to participate in secondary and post-secondary education, with classes and work adding up to 20 hours per week. Arkansas permits TANF recipients to enroll in two- or four-year college programs with internships of no more than 15 hours per week.

Traditional post-secondary education is unlikely to suit all TANF recipients. States can encourage job placement and retention through effective training programs, provided on the job or at sites that closely match specific employers' needs. A number of programs work cooperatively with employers to achieve good job placement and retention rates. But so far, states have invested very small amounts in these kinds of programs.

✓ **Create jobs.** States or localities can help TANF recipients who have minimal work experience gain entry into the job market by creating transitional jobs. City and state governments are cooperating in Philadelphia@Work, a program expected to create 3,000 minimum-wage, 25-hour-a-week jobs lasting for six months. Workers will be expected to participate in job training/education and search for a permanent job 10 hours a week, with the assistance of job coaches who will ease the transition to permanent jobs.[61]

The final TANF rules published in April 1999 clarify that states may use federal TANF funds to provide wage subsidies to employers and that the wages paid will not trigger the federal time limit clock for those months when the family is not receiving direct assistance such as a monthly welfare check. States may, for example, work cooperatively with a school district to pay parents to be aides, perhaps combining their work with training, as does Philadelphia@Work.

What work supports are needed? When wages are low, families with children are likely to need help with child care (see the Child Care chapter) and transportation just to be able to get to work. But other supports are needed for parents trying to overcome severe barriers to employment, such as substance abuse, domestic violence, or disability.

✓ **Help families commute to work.** According to the 1997 American Housing Survey, almost three-quarters of poor heads of households in rental housing drive to work, either in their own car (58.2 percent) or in carpools (15.2 percent). Only 11 percent of below-poverty renters use public transportation to get to work.[62] In many areas of the country existing public transit routes are simply not adequate to get to and from work and a child care site. Nevertheless, 43 percent of welfare recipients do not have access to a working car.[63] In Florida, 11.6 percent of those who left welfare had a vehicle repossessed.[64] When parents trying to leave TANF own or share a vehicle, it is likely that they will need help paying for car payments, gas, insurance, and maintenance. States and the federal government

have become more aware of this problem. A survey of 10 large states conducted from 1998 to 1999 found that all 10 states provided transit passes or tokens and used TANF funds for some car-operating expenses and repairs. Washington, for example, provides up to $200 a month to reimburse for gas; Michigan provides 15 cents a mile for work-related transportation costs.[65] A number of small programs pay for leasing or purchasing a car.[66]

States can tap funds from TANF and the U.S. Department of Labor's Welfare-to-Work block grant to pay for transportation costs. In addition, the U.S. Department of Transportation distributed $75 million to over 160 statewide or community Job Access and Reverse Commute projects in FY 1999, with another $75 million approved for FY 2000.

A transportation allowance to cover gas, insurance, and regular maintenance for eligible working families would not count towards the federal time limit if families were not receiving other regular assistance. States may also offer lump sums to pay for car repairs, as often as twice a year, without triggering the time limit for working families. TANF agencies may contract with private organizations that repair old cars to sell them to eligible families at a low cost. States may also subsidize low-cost financing arrangements so families may purchase these cars.

✓ **Assess whether families have severe barriers to employment and provide services to help.** Without identifying and treating problems such as disability, substance abuse, family violence, or illiteracy, some parents will be unable to comply with program rules and may lose assistance before they are able to maintain steady employment. Some states are attempting to screen for these problems before the state stops the family's assistance. Tennessee uses social workers to identify problems and recommend appropriate treatment to avoid loss of benefits. Nevada also employs licensed social workers who help parents avoid Nevada's severe penalties for noncompliance by connecting them with services for domestic violence, substance abuse, illiteracy, or other serious problems. Effective approaches do more than just identify problems — they help parents get the services they need.

All states have met their overall federal work participation rates so far and can allow a broader range of permissible activities for people with special needs. As part of an individualized plan between the parent and the state, treatment for substance abuse or mental health problems or steps to secure safety from a domestic violence situation could satisfy the state's work requirement. While TANF funds cannot be used for medical treatment, they can be used to pay for the residential component of a treatment program, to hire substance abuse or domestic violence counselors, and to create a set of supports for work or training tailored to the needs of mothers undergoing treatment.

What are ways to augment low wages? One approach is just to make them higher. But raising the minimum wage, while providing an essential floor, is only one of the strategies needed to help families make ends meet.

✓ **Raise the federal minimum wage.** In the early 1970s, full-time work at the minimum wage would lift a family of three out of poverty. Now, the full-time minimum wage worker earns only 77 percent of the poverty level. Nevertheless, Congressional efforts to raise the federal minimum wage stalled in 1999. Few members of Congress of either party seemed willing to oppose strong public sentiment to raise the minimum wage beyond the current $5.15 an hour. But instead of a modest proposal offered by Senator Edward Kennedy (D-Mass.) and Rep. David Bonior (D-Mich.) to raise the minimum wage $1 over two years, the Senate approved a watered-down proposal that would stretch the increase out over three years. The Senate passed the three-year version again when they returned in 2000. Further consideration of the minimum wage increase is likely in 2000, including continued efforts to phase in the increase over two years.

✓ **Increase state minimum wage rates.** Delaware and Rhode Island enacted new state minimum wage increases in 1999, for a total of 11 states with a minimum wage rate higher than the federal wage of $5.15 an hour. Delaware raised its rate to $5.65 in 1999, to be followed by an increase to $6.15 on October 1, 2000. Rhode Island set its rate to $5.65.

The other states are Alaska ($5.65), California ($5.75), Connecticut ($6.15), District of Columbia ($6.15), Hawaii ($5.25), Massachusetts ($6.00, rising to $6.75 January 1, 2001), Oregon ($6.50), Vermont ($5.75), and Washington ($6.50, to be indexed to consumer price index starting January 1, 2001).[67]

✓ **Make sure Earned Income Tax Credits reach low-income working families.** The federal Earned Income Tax Credit is a vital work support for families with children because it is available even if their incomes are too low to owe federal income taxes. In 1998, the EITC lifted 4.3 million people out of poverty, including 2.3 million children, according to Gene Sperling, the President's National Economic Advisor.[68] One study suggests that the EITC provides a strong work incentive and accounts for about 60 percent of the growth in annual employment by single mothers between 1984 and 1996.[69] For wages earned in 1999, the maximum refund for a family with two or more children and wages between $9,500 and $12,500 is $3,816. Families with one child receive a maximum refund of $2,312. A family earning less than $9,500 receives less than the maximum credit; after earnings exceed $12,500, the amount of the credit is reduced gradually, phasing out entirely for a family with two children and earnings of more than $30,580. The Clinton Administration has proposed increasing the EITC for families with more than two children and for married couples.

Families whose earnings are too low to owe federal income taxes may not realize they are eligible for the EITC. A 1993–1994 California study of welfare recipients' use of the EITC found that only about half of the single mothers with any wages claimed the EITC.[70] Businesses, welfare offices, congregations, and social service agencies can spread the word about the benefits of filing an income tax form in order to receive the credit.

The EITC is distributed as a lump sum refund check or in advance payments. At the worker's request, employers are required to add up to half the credit to the workers' paycheck in monthly installments, with the remainder refunded at the end of the year. Advance payments are risky for workers with unstable wages, because they may lead to overpayments that must be returned to the IRS. But other workers may find advance payments a real help in paying rent and other monthly expenses.

The EITC enjoys strong bipartisan support. When Congressional leaders floated a proposal to save money by spreading payment of the EITC refund over time (in effect asking low-income working families to lend money to the government), Texas Governor (and presidential candidate) George W. Bush opposed the scheme as "balancing the budget on the backs of the poor."[71] The proposal died.

Eleven states offer their own earned income tax credits using rules based on the federal EITC, and all but Iowa, Oregon, and Rhode Island provide refundable credits, which are available for families with incomes too low to owe income taxes. The other states with EITCs are Colorado (new in 1999), Kansas, Maryland, Massachusetts, Minnesota, New York, Wisconsin, and Vermont. Indiana also provides a state credit, but it is limited to families with incomes below $12,000. Maryland's Montgomery County and New York City enacted local EITCs in 1999, although the New York City credit cannot take effect until the state legislature passes enabling legislation.[72] TANF funds may be used to pay for the refundable portion of a state EITC, and the credit will not count towards the recipient's time limit.

✓ **Make the child tax credit and the dependent care tax credit refundable.** Like the Earned Income Tax Credit, the $500 per child tax credit and the tax credit for child care and other forms of dependent care now in the federal tax code should be available as a refund to low-income families whose earnings are too low to owe federal income taxes. (For more on the Dependent Care Tax Credit, see the Child Care chapter.)

✓ **Repair the shredding food stamp safety net.** Food stamps can play a vital role in supplementing low wages. Yet many families leaving TANF do not know that they are likely to remain eligible for food stamps, Medicaid, and other benefits. If they do know they still qualify, working families face roadblocks that prevent continued use of food stamps. For example, most states require quarterly or

monthly visits to the welfare office to prove continuing eligibility. These visits, which can last a half-day or more, take an unacceptable amount of time away from the parent's new job.

Some states or localities have actively discouraged families from receiving food stamps. New York City was found to be in violation of federal law for refusing to provide families with food stamp applications upon first request, instead requiring families to seek aid first at private emergency food facilities or elsewhere.

In response to the disturbing drop in food stamp use, the U.S. Department of Agriculture developed a guide for states entitled *The Nutrition Safety Net — At Work for Families*, reminding states of the legal requirement to provide food stamp applications immediately upon request and to process applications in a timely manner. The guide also encourages states to set up evening or weekend hours for families who cannot get to the welfare office during regular business hours, and suggests outreach strategies to inform low-income working families that they may be eligible for food stamps. The guide emphasizes that leaving TANF must not automatically trigger loss of food stamps or Medicaid. In order to make it easier for working families to maintain eligibility, the Department of Agriculture will allow states to obtain income information by phone or mail and to get it less frequently

The Food Stamp Outreach and Research for Kids Act of 1999 (FORK), sponsored by Representatives Bill Coyne (D-Pa.) and Sander Levin (D-Mich.), and by Senator Bob Graham (D-Fla.), was introduced to respond to the needs of growing numbers of working poor families. The bill requires TANF offices to provide families with information about the availability of food stamps, sets up a competitive grant program to allow community groups and/or local and state governments to devise effective food stamp outreach and access strategies, and authorizes demonstrations to process eligibility paperwork by phone or Internet.

The Hunger Relief Act of 1999, introduced by Senators Edward Kennedy (D-Mass.) and Arlen Specter (R-Pa.) and co-sponsored by Senators Jim Jeffords (R-Vt.) and Patrick Leahy (D-Vt.), would restore food stamp benefits still denied to hundreds of thousands of legal immigrants. The bill would also allow states to raise the $4,650 limit on the value of vehicles owned by families receiving food stamps, by letting states use the higher car values permitted in their TANF program. The bill would increase food stamps for families with children living in high cost housing and also adds $100 million over five years for emergency food purchases.

✓ **Expand the supply of affordable housing.** Housing subsidies allow families to live closer to jobs and to have the stability needed for employment. In Minnesota, participants in the state's welfare experiment who lived in public or subsidized housing earned, on average, at least 40 percent more than families that did not. Similarly, UCLA researchers studying four counties in California found that families in Section 8 subsidized housing who also received welfare worked significantly more hours than those in other forms of housing.[73]

In federal appropriations for Fiscal Year 2000, new funds were provided for 60,000 new housing vouchers for low-income families, adding to 50,000 new vouchers, approved in FY 1999, specifically targeted to families moving from welfare to work. These welcome expansions follow a four-year period when no new housing vouchers were funded at all. The Clinton Administration is seeking $690 million for an additional 120,000 new housing vouchers in its FY 2001 budget,[74] another notable step in the right direction.

The federal government needs to increase in funding for new rental vouchers in the years to come. Help with heating or cooling costs should also be expanded through the federal Low-Income Home Energy Assistance Program (LIHEAP). But states and localities can do more to make housing affordable for low-income families. TANF funds may be used for a variety of housing costs. New federal TANF rules allow states to extend emergency help once or twice a year to working families in order to prevent homelessness, and, if the family is not receiving a regular welfare check, the aid will not count towards the time limit. Each episode of such emergency help may last up to 120 days. TANF funds may be spent on back rent or utility

payments, security deposits and first month's rent, or shelter costs.

Federal TANF funds may also be used for ongoing rental assistance. Similar to monthly cash aid, these expenditures would count towards the time limit. However, states may wish to provide direct housing assistance to families who have become ineligible for cash benefits. State funds can be used for this purpose; since federal funds are not used, the federal time limit does not apply.

Residents in public and subsidized housing can now participate in developing annual and five-year public housing authority plans that must be submitted to HUD. Public housing authorities control apartments in public housing complexes and the Section 8 vouchers that are used to subsidize rent in private market housing units. The plans will establish who is eligible for subsidized housing, rent levels, housing supply (through decisions about demolition and rehabilitation), and policies to prevent discrimination and promote safety. Housing authorities under new federal law may give priority to working families with higher incomes. Tenants should be a part of basic decisions about priorities and need to fight for child care and other support services that make it easier for public housing residents to work.

✓ **Improve child support collections and let families keep the money collected for their children.** States must invest in adequate staffing and computer systems to do a better job of collecting child support. In an analysis of child support collection data by the Center for Law and Social Policy, states that spent more per case and gave their staff smaller caseloads produced better results. For example, Vermont child support caseworkers served 170 cases (the smallest caseload among the states) and had a collection rate of 35 percent in FY 1995. Minnesota, with 180 cases per full-time child support worker, had a 40 percent collection rate. On the other hand, Indiana, whose child support staff juggled 1,073 cases, had a FY 1995 collection rate of only 10 percent; similarly, Tennessee, with 919 cases per worker, had an 11 percent collection rate.[75]

In 1998, the average amount collected in government cases in which any child support payments were made was $3,180. Under the 1996 federal welfare law, when child support is collected for families receiving TANF or foster care payments, most states keep most or all of the money collected. But if the money (averaging $1,840 per TANF/foster care case with collections) was directed to the family it would be an extremely important supplement to low wages. Further, if the noncustodial parent knew that his payments were reaching his children directly, there would be a greater incentive to make the payments regularly.

Vermont distributes full child support payments directly to the families for whom it is collected. If families are receiving public assistance, they receive a second check from the TANF agency, which is calculated by subtracting the amount paid in child support and adding $50, so families with child support collections see some benefit because they receive $50 more each month than families without any collections. By receiving two separate checks, families see how much of their income comes from child support, and if they leave welfare for work, the child support enforcement system simply continues issuing checks for the amount collected. This avoids a common failure of the TANF system. Often, months may pass before child support dollars collected by the state are sent to the former TANF family, leaving the family without a crucial part of its income during the difficult transitional period from welfare to work.

As noted earlier, states have kept most of the support payments made for children in TANF or foster care. Out of $2.6 billion in TANF/foster care child support collected in 1998, only about $150 million was passed through to families.[76] At minimum, states seeking to increase incomes for TANF families and to improve incentives for child support payments should pass through at least a portion of the support collected for children receiving TANF, in addition to the family's TANF benefit. When states decide to distribute child support collections to families receiving TANF, states are still legally obliged to return a share of the sum collected to the federal government. A proposal by Senator Herbert Kohl (D-Wis.), first introduced at the end of 1998, would allow states to return less to the federal government if they opted to pass

through at least half of the child support collected in addition to the family's TANF benefit. The bill will be advanced again in 2000, and appears to be building support.

While the 1996 welfare law includes provisions intended to encourage parents either to stay together or to cooperate in supporting children, the current administration of child support may set up untenable demands on low-income fathers, either driving them away or forcing both parents into arrangements outside the law. In particular, fathers are expected to make up prior welfare payments and Medicaid costs for childbirth. These arrearage payments loom as impossible debt for low-income fathers. Fathers and mothers without good job prospects may find it difficult to live together without breaking the law. For example, if the family does not admit that the father lives with them so the mother and children may collect TANF assistance, the family cannot acknowledge that the father contributes to his children's support and upbringing. If discovered, he will be liable to pay back welfare and Medicaid bills. The mother and children are likely to have their benefits terminated for concealing the father's presence. A sensible approach is needed to encourage parents to stay together when possible, limit arrearages sought according to ability to pay, and forgive those arrearages when noncustodial parents enroll in jobs or treatment programs designed to enhance their capacity to work at decent wages.

What would strengthen families and serve children? Children need the support of both parents, and parents sometimes need help to provide the care that children need.

✓ **Paid family leave.** While the Family and Medical Leave Act of 1993 has allowed millions of workers to take up to 12 weeks off without pay to care for a newborn child or sick relative, low-income workers usually cannot afford to go without pay. In a survey about the use and impact of family and medical leave, 34 percent of workers said they needed but did not take leave.[77] If the need for care is intense enough, the worker may be forced to quit work and apply for welfare benefits. Paid family leave would make it possible for a worker to retain ties to the employer while fulfilling family responsibilities. At the end of 1999, the Clinton Administration proposed rules that allow states to use unemployment insurance funds to pay for up to 12 weeks of leave for the birth or adoption of a child. While the proposal has attracted support from child advocates, it has also generated considerable opposition from some businesses who oppose the expanded use of unemployment insurance funds, which come from business-paid taxes. In a period of low unemployment, many states have accumulated Unemployment Insurance Trust Fund balances that would enable some expansion in the benefits provided. Maryland, Massachusetts, Vermont, and Washington have legislative proposals to provide paid family leave using unemployment insurance funds.

✓ **Supports for noncustodial parents.** At the close of 1999, the Fathers Count Act of 1999 passed the House but not the Senate. The bill provides $150 million, mainly for grants to community-based organizations that support low-income fathers' efforts to play a more active role in their children's lives. Services would include job training and placement services, and counseling and training for parenting and conflict resolution. Noncustodial parents (usually fathers) need these services. An even-handed approach with children's interests at heart would assure that both mothers and fathers who need training and counseling get these forms of help, and that efforts to involve fathers in their children's lives include protections for the custodial family from any threat of domestic violence.

Living Wage Campaigns: Successes Mount in Communities Nationwide

Full-time, minimum-wage work will not lift families with children out of poverty. More and more, local activists have encouraged cities and counties to be model employers by requiring businesses that are contracting with the jurisdiction or receiving tax preferences to provide above-poverty wages and benefits. The rationale is simple: when taxes subsidize or support businesses, taxpayers should not have to assume additional health care, welfare, or other costs because workers are not paid enough to cover basic needs. Living wage campaigns have required that employers provide vacation days and respect worker rights. Local

alliances of labor, religious, and community organizations have been victorious in 43 localities and for certain Maryland workers since 1994, with more than 70 campaigns underway in additional sites. Community activists working through the Association of Community Organizations for Reform Now (ACORN) chapters have played a leadership role in more than 15 living wage campaigns, working closely with local unions and state labor councils. ACORN has also developed a Living Wage Resource Center in Washington, D.C., and has produced a *Living Wage Campaign Resource Guide* to offer campaign tips to new local efforts springing up around the country. (For information about ACORN's resources, see www.livingwagecampaign.org.) In 1999, 13 new ordinances or resolutions were enacted. The hourly wage rates required range from a low of $6.22 (with health benefits) in Buffalo, New York, to $11.25 in New York City.

In June, Los Angeles County became the largest unit of government in the United States to adopt a living wage ordinance. The County Board of Supervisors set the living wage at $8.32 an hour for employees with health insurance, or $9.46 without health insurance. Businesses with over $25,000 in contracts with the county must pay the living wage. There are a number of worker protections in the law, including that its provisions may be superseded by a more favorable collective bargaining agreement.[78] Other 1999 living wage campaigns were successful in Buffalo, N.Y., Cambridge, Mass., Dane County, Wis., Hartford, Conn., Hayward, Calif., Hudson County, N.J., Madison, Wis., Miami-Dade County, Fla., Missoula, Mont., Northampton, Mass., Tucson, Ariz., Ypsilanti, Mich., and Ypsilanti Township, Mich.[79]

Moving Forward: A 2000 Agenda for Action

There has never been a better time to lift children out of poverty. Economic growth has not solved all our problems, but it has created many opportunities, including more employment and robust growth in tax revenues at all levels of government. Billions of federal and state dollars earmarked to help low-income families find and keep jobs remain available for wise investment. The Family Needs Checklist offers options that enable working families to raise their children out of poverty:

- **Augment low wages.** State and federal governments should combine the direct approach (raising the minimum wage and providing living wages) with a broad range of wage supplements. The EITC should be expanded. The $500 child tax credit and the Dependent Care Tax Credit should be made available as a refund to families with incomes too low to owe federal income taxes; food stamps must be strengthened as a key supplement to low wage work; increased access to low-cost housing can bring jobs within reach and help families with low wages to manage their monthly expenses; and child support actually received by the family can add thousands of dollars to annual income.
- **Work supports.** Help with transportation, child care, and health coverage provide families with the tools they need to stay at work. Families with severe barriers to employment such as disability or domestic violence need additional services in order to become job ready.
- **Job opportunities.** The trend away from education and training must be reversed so parents can compete for permanent jobs with above-poverty pay. Where jobs for low-income parents are not available, government can subsidize real jobs that provide entry-level work while performing useful services to the community.
- **Strengthening families and serving children.** Paid family leave and employment and parenting services available both to noncustodial and custodial parents can provide needed opportunities for parents to offer their children nurturing and support.

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Child Health

A child born in the year 2000 is far more likely to grow up healthy and to reach adulthood than a child born in 1900. Over the past 100 years, our nation's scientific, technological, and financial resources have built the most advanced health care system in the world.

But the doors of the health care system are not open to everyone: the United States remains the only developed country without a national health care system. Millions of children have inadequate medical care because their parents' employers do not offer insurance coverage and their parents cannot afford it on their own. Ensuring that every child in our nation receives the best possible health care must be a top priority for the nation.

Scientific advances

Through scientific and medical breakthroughs, much progress has been made over the course of the 20th century. Smallpox has been eliminated, and measles, rubella, cholera, and polio have almost vanished. New vaccines are constantly being developed and tested for safety and effectiveness in infants and children, giving hope that an even greater number of infectious diseases will be preventable in the future.

Extraordinary advances in medical technology and the availability of new therapeutic drugs and techniques have saved the lives of millions of children who have devastating illnesses. Many children now receive heart, kidney, lung, and bone marrow transplants, which were unthinkable a few decades ago. For children with cancer, survival rates have risen sharply over the past 20 years. Today, more than 70 percent of children with cancer are alive five years after diagnosis, compared with only 55 percent in the mid-1970s. The increase in survival rates is due in large part to new therapies and family-centered treatment approaches provided by medical centers specializing in childhood cancer.[1]

In the late 1990s, infant mortality rates reached new lows, and the percentage of mothers who received prenatal care reached a record high. Many babies who are born prematurely not only survive but go on to live normal, healthy lives because of new medical treatments such as neonatal intensive care.

Policy advances

Changes in public policy have also contributed to improvements in child health and reductions in child mortality. Public health protections such as safer and healthier foods, clean water, and improved sanitation have increased life expectancy. Safer cars and public education campaigns and laws about the use of seat belts and child safety seats have reduced the number of children who die in automobile accidents to approximately 2,000 per year, a reduction of nearly half over a twenty-year period.[2] Moreover, public education, media campaigns, and stricter enforcement of

drunk driving laws have reduced the childhood alcohol-related fatality rate by more than a third between 1985 and 1995.[3]

Enactment of Medicaid in 1965 and the State Children's Health Insurance Program (CHIP) in 1997 provided access to health insurance and appropriate medical care for millions of low-income children. The Childhood Immunization Initiative and the Vaccines for Children Program (VFC), both launched in the early 1990s, have brought the childhood immunization rate up to a record 80 percent.[4]

Unequal access

Unfortunately, not all children have benefited equally from the medical, public health, and public policy achievements of the 20th century. To a large extent, health status is still determined by race, language, culture, geography, and economics. For example, immunization rates are higher for White children than for Black and Hispanic children. Infant mortality rates are twice as high for Black infants as for White infants, and Black children are 1.7 times more likely to die from an accidental injury than White children.[5]

In general, children in low-income communities get sick more often from preventable acute and infectious illnesses such as measles, conjunctivitis, and ear infections.[6] Low-income children and teens are also more likely to suffer from chronic medical conditions such as diabetes and asthma, the leading cause of school absences. In fact, the sharpest increases in asthma rates are among urban minority children.[7]

Despite the tremendous advances in medical technology and public health, millions of children have less of a chance to grow up healthy and strong because of unequal access to health care. Children without health insurance or a regular source of health care are most likely to seek care from emergency rooms and clinics, which have long waits to see a provider, limited follow-up, and little or no health education about preventive strategies or ways to manage chronic illness.

Children of color are more likely to be uninsured. Nationally, one in five Black children and one in three Hispanic children are uninsured, compared with one in nine White children. Compared with insured children, uninsured children are up to eight times less likely to have a regular source of care, four times more likely to delay seeking care, nearly three times less likely to have seen a provider in the past year, and five times more likely to use the emergency room as a regular place of care.[8]

The importance of insurance

There is no question that insurance is key to maintaining health. When Medicaid was initiated in 1965, infant mortality rates began the decrease that continues today. For children whose families earn too much to qualify for Medicaid but too little to afford private health insurance, Congress created CHIP three decades later.

FACTS & FIGURES

- Almost 12 million children lack health insurance.
- One out of five Black children and one in three Hispanic children are uninsured, compared with one in nine White children.
- By the end of September 1999, 2 million children had been enrolled in CHIP.
- About 21 million children are enrolled in Medicaid.
- Infant mortality rates are twice as high for Black infants as for White infants.
- Asthma rates have nearly doubled in the United States and are increasing fastest among urban children of color.
- Childhood immunizations have reached a record level of 80 percent.
- The overall teen birth rate fell again in 1998, continuing a seven-year trend.
- Only one out of five children in Medicaid is screened for blood-lead levels, even though children in Medicaid are three times more likely to suffer from lead poisoning than other children.
- Low-income children have twice as many cavities and twice as much dental pain but only half the number of visits to dentists as higher-income children.

However, while CHIP was being designed and implemented, welfare reform was creating unintended drops in Medicaid enrollment. Hundreds of thousands of low-income working parents lost health coverage as they left the welfare rolls even though they or their children were still eligible for Medicaid or CHIP.

At the time Congress was debating CHIP in 1997, an estimated 11.3 million children (one out of every seven) were uninsured. In the fall of 1999, the Census Bureau reported that a total of 44.3 million Americans, including an estimated 11.9 million children under the age of 19, were uninsured. This figure represents a record high number of uninsured Americans despite high employment and the most robust economy in decades. Even the most ardent supporters of the theory that market forces will reform health insurance admit these forces alone cannot solve insurance coverage problems, and the health insurance debate has moved back into the national spotlight.

Concern over the large numbers of uninsured children has been a centerpiece of the renewed debate. In the new millennium, the need to extend health coverage to the millions of uninsured children remains the most urgent challenge in children's health.

Making CHIP and Medicaid Achieve Their Potential

CHIP was the largest expansion of insurance coverage for children since the enactment of Medicaid in 1965. The CHIP statute authorized $48 billion to the states over 10 years and gave them three options to increase health coverage for low-income children: expand Medicaid, establish a separate state program, or do both.

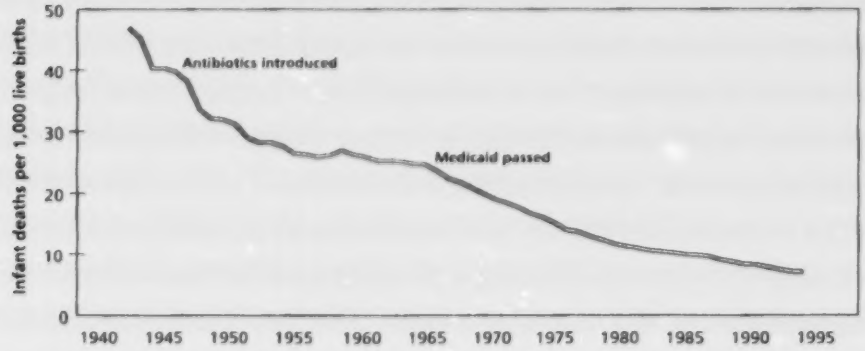
By the fall of 1999, every state and the District of Columbia had developed plans for CHIP programs, and the majority of plans had been implemented. By January 2000

- 21 states had expanded Medicaid
- 16 states had launched a separate program
- 14 states had done both

These activities, while encouraging, still fall short of reaching every eligible child. In August 1999, the U.S. Department of Health and Human Services (HHS) reported that 1.3 million children had been enrolled in CHIP since its initiation 18 months earlier. In January 2000, HHS reported that enrollment had reached 2 million in September 1999. Still, millions of eligible children have not been reached. In order for CHIP to fulfill its promise, immediate and strategic action is urgently needed.

States continue to change and improve their plans and programs by increasing eligibility levels, streamlining their applications and enrollment procedures, and developing new ways to coordinate CHIP, Medicaid, and other programs such as food stamps and school lunches. The goal is to reduce administrative

MEDICAID HELPED REDUCE INFANT MORTALITY RATES



Source: U.S. Department of Health and Human Services, National Center for Health Statistics

Program Scope: Who's Eligible for CHIP (As of January 1, 2000)

	Income eligibility*	Program type
New Jersey	350	Combination
Connecticut	300	Combination
Missouri	300	Medicaid
New Hampshire	300	Combination
Vermont	300	Separate
Minnesota	275*	Medicaid
California	250	Combination
Rhode Island	250	Medicaid
Washington	250	Separate
New Mexico	235	Medicaid
Pennsylvania	235	Separate
New York	230*	Combination
Alabama	200	Combination
Alaska	200	Medicaid
Arizona	200	Separate
Arkansas	200	Medicaid
Delaware	200	Separate
District of Columbia	200	Medicaid
Florida	200	Combination
Georgia	200	Separate
Indiana	200	Medicaid
Kansas	200	Separate
Kentucky	200*	Medicaid
Maine	200	Combination
Maryland	200	Medicaid
Massachusetts	200	Combination
Michigan	200	Combination
Mississippi	200	Combination
Nevada	200	Separate
North Carolina	200*	Separate
Ohio	200	Medicaid
Tennessee	200	Medicaid
Utah	200	Separate
Colorado	185	Separate
Illinois	185*	Combination
Iowa	185	Combination
Nebraska	185	Medicaid
Oklahoma	185	Medicaid
Virginia	185	Separate
Wisconsin	185	Medicaid
Oregon	170	Separate
Idaho	150	Medicaid
Louisiana	150*	Medicaid
Montana	150	Separate
South Carolina	150	Medicaid
West Virginia	150	Combination
North Dakota	140	Medicaid
South Dakota	140	Medicaid
Wyoming	133*	Separate
Hawaii	100*	Medicaid
Texas	100*	Separate

Comments

This chart should be used as a general guide. Many states take into account income disregards that can significantly expand income eligibility. Pennsylvania, for example, applies a "net income" test, which allows work expenses of $90 per month for each employed person, plus child care expenses of up to $200 per month per child. These expenses are subtracted from a family's gross earnings to arrive at a "net income," which is used to determine program eligibility.

Minnesota: *Children younger than 2 are covered up to 280% of the federal poverty level (FPL); children ages 2 to 20 are covered up to 275% FPL.*

New York: *Beginning July 1, 2000, children up to age 18 will be covered up to 250% FPL.*

Kentucky: *HCFA has approved a separate state program, but as of January 1, 2000, Kentucky is implementing its CHIP program as a Medicaid expansion only.*

North Carolina: *Enrollees whose annual income increases above 200% to 225% FPL can buy into the program for one year at full cost.*

Illinois: *Pregnant women and children up to age one are covered up to 200% FPL. As of January 5, 2000, HCFA has not officialy approved Illinois' plan for a separate state program. Illinois began enrolling children in KidCare in January 1998.*

Louisiana: *Beginning July 1, 2000, children up to age 18 are covered up to 200% FPL.*

Wyoming: *Beginning February 2000, Wyoming will cover children up to age 18 up to 150% FPL.*

Hawaii: *Children younger than 6 are covered up to 185% FPL.*

Texas: *Children up to age one are covered up to 185% FPL; children older than 1 but younger than 6 aare covered up to 133% FPL. Beginning May 2000, Texas will cover all children to age 18 up to 200% FPL.*

*Income eligibility as percent of federal poverty level.
Source: Data compiled from state children's health insurance plans submitted to the Health Care Financing Administration.

Who Are the Uninsured Children?

Race and Ethnicity

43.8	percent are White.
30.6	percent are Hispanic.
19.8	percent are Black.
4.6	percent are Asian or Pacific Islander.
1.3	percent are American Indian or Alaskan Natives.

Family Structure

87.3	percent have at least one working parent.
64.6	percent have at least one parent who works full-time throughout the year.
66.3	percent live in families with incomes above poverty.
53.6	percent live in a two-parent household.

Notes:
Children are younger than 19.
Children of Hispanic origin are excluded from the other racial and ethnic categories. Insurance, income, and employment information are for 1998; all other information is for March 1999.

Source: U.S. Department of Commerce, Bureau of the Census, March 1999 Current Population Survey. Calculations by Children's Defense Fund.

and procedural barriers so every eligible child is covered through CHIP or Medicaid.

Who is eligible?

Thirty-five states chose to expand Medicaid using CHIP funds by increasing the age for eligibility, increasing the income level for eligibility, or doing both. By January 2000, 21 states had set income eligibility at 200 percent of the federal poverty level ($34,100 for a family of four). Twelve states did better, setting income eligibility levels at 230 percent to 350 percent of the federal poverty level. As a result of CHIP increasing the threshold for Medicaid, the national average of income eligibility thresholds under Medicaid rose from approximately 120 percent of the federal poverty level to more than 200 percent of the federal poverty level in 1999.[9]

Before 1997, income eligibility for Medicaid differed across age groups, confusing families and burdening eligibility administrators. For example, within the same family, a 3-year-old girl could be eligible for Medicaid while her 8-year-old brother was not. In general, at higher levels of income younger children were eligible, while eligibility was more restrictive for older children. These inconsistent requirements resulted from a combination of congressional actions to expand Medicaid by age and state decisions on coverage.

Fortunately, states are using CHIP expansions to even out the differences across age groups. All fifty states and the District of Columbia are expanding coverage for children ages 6 through 15; 49 states have expanded coverage for children ages 1 through 6; and 45 states are expanding coverage for infants.[10] With these expansions it is more likely that children of different ages within the same family will be eligible for the same program, and this is good for families. When children in the same family are enrolled in the same program, they are all able to see the same providers and are more likely to stay with those providers as they grow up.

How many are participating?

By December 1998, after CHIP had been in effect for approximately one year, 834,790 children in 40 states and the District of Columbia had been enrolled in CHIP programs. Over the next six months, seven more states launched programs and began to enroll eligible children. By June 1999, 1.3 million children had been enrolled, an increase of more than 50 percent.[11] By the end of September 1999, 2 million children had been enrolled, reflecting successful back-to-school enrollment drives.

Enrollment increased in 1999, in part, because many states simplified their applications and improved enrollment processes, often in response to concerted pressure from child advocates. For example, California's Healthy Families program originally had a complex, 28-page application and, not surprisingly, enrollment was very slow during the first year of CHIP. After the application was reduced to four pages, the enrollment rate rose substantially. Increased and targeted outreach efforts also contributed to higher enrollment rates, but more efforts are needed if CHIP is to fulfill its promise.

Most CHIP applications have been shortened, and most states with combination programs have a single application for Medicaid and the separate state program, but states can still do more to simplify the enrollment process. Many states have long, complicated Medicaid applications that require substantial documentation of income, assets, and expenses such as pay stubs, car ownership, cancelled rent checks, and utility bills. In 12 states, face-to-face interviews are still required to apply for CHIP or Medicaid.

Strategies for reducing administrative complexity and helping children stay enrolled in Medicaid and CHIP programs are important. Nine states currently offer "presumptive eligibility" for Medicaid and CHIP where the answers to a few key questions can make a child immediately eligible for coverage without burdensome and time-consuming paperwork.

Twenty-six CHIP programs and 12 Medicaid programs offer "continuous eligibility," where children are enrolled for a full year rather than requiring their families to re-apply every three or six months. Re-application greatly burdens families and is unlikely to save states much money given that family incomes rarely fluctuate significantly. All states should offer presumptive and continuous eligibility for both programs so more eligible children can be covered.

Who is left behind?

In most states, outreach efforts have identified children who are eligible for CHIP coverage as well as children who are eligible for Medicaid but not enrolled. Many states have found more than one new Medicaid enrollee for every CHIP-eligible child during outreach activities.[12]

Between 1995 and 1997, more than three-quarters of a million children (807,000) lost their Medicaid coverage because of welfare-related policy changes[13] and as a result more than 400,000 of these children became uninsured.[14] To some degree, enrollment in CHIP has compensated for the drop in Medicaid enrollment. However, 2 to 3 million Medicaid-eligible children still have not been enrolled.

Most of the children who lost Medicaid coverage after welfare reform were still eligible. Some lost their coverage because of state administrative errors or barriers and misunderstandings, and some because their parents were not given current information. For example, in the state of Washington, nearly 90,000 people wrongfully lost Medicaid coverage due to computer errors. When the 1996 welfare legislation "de-linked" Medicaid from welfare, this disrupted regular channels for providing families with information about Medicaid enrollment and eligibility. Much more needs to be done to ensure that Medicaid-eligible children receive the coverage they need.

Another large group of children who are eligible but not enrolled in CHIP and Medicaid are Hispanic children with immigrant parents. Even though these children were born in the United States and are eligible for Medicaid or CHIP, their parents worry about adversely affecting their own immigration status by accepting public assistance.

Under the 1996 immigration law, legal residents who accepted certain types of public assistance benefits could jeopardize their immigration status by being considered a "public charge." In October 1999, two years after CHIP was launched, the Immigration and Naturalization Service (INS) finally issued its guidance on public charge, making it clear that enrollment

Make It Easy to Get In and Stay In (As of December 1, 1999)

	12-Month Continuous Eligibility*		Presumptive Eligibility**	
	CHIP	Medicaid	CHIP	Medicaid
Alabama	Yes	Yes		
Alaska				
Arizona	Yes	Yes		
Arkansas				
California	Yes			
Colorado	Yes			
Connecticut	Yes	Yes	Yes***	
Delaware	Yes			
District of Columbia				
Florida	Yes***			
Georgia				
Hawaii				
Idaho	Yes	Yes		
Illinois	Yes			
Indiana	Yes	Yes	Yes***	Yes***
Iowa	Yes			
Kansas	Yes	Yes		
Kentucky				
Louisiana	Yes	Yes		
Maine				
Maryland				
Massachusetts	Yes	Yes		
Michigan	Yes	Yes	Yes***	Yes***
Minnesota				
Mississippi	Yes	Yes		
Missouri				
Montana				
Nebraska	Yes	Yes	Yes	Yes
Nevada	Yes			
New Hampshire	Yes			
New Jersey	Yes***	Yes***		
New Mexico	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes***	Yes***
North Carolina	Yes	Yes		
North Dakota	Yes			
Ohio				
Oklahoma				
Oregon				
Pennsylvania	Yes			
Rhode Island				
South Carolina	Yes	Yes		
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington	Yes	Yes		
West Virginia	Yes			
Wisconsin				
Wyoming				

*12-month continuous eligibility: a child is enrolled for 12 months, regardless of changes in family income or circumstances.

**Presumptive eligibility: allows a qualified health provider or agency to grant short-term Medicaid or CHIP eligibility to a child, enabling that child to receive immediate health services while a formal application is being made.

***Connecticut, Indiana, Michigan, New Jersey, and New York have adopted presumptive eligibility, but as of December 1, 1999 have not yet implemented the procedures. Florida offers 12-month continuous eligibility for children younger than 5.

Source: Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, based on a telephone survey of state CHIP/Medicaid officials.

in CHIP and Medicaid would not adversely affect immigration status. (A copy of the guidance is available online at www.ins.usdoj.gov.) Nevertheless, advocates in California, Florida, Illinois, New York, Texas, and other states with large immigrant populations are concerned that parents are still fearful and that federal, state, and local authorities may not be doing enough to encourage children of immigrant parents to apply for CHIP and Medicaid. Increased efforts are needed to reach and to reassure these families.

The net effect of these new children's health insurance expansion programs is difficult to determine because so many factors have influenced their progress. Every state has its own CHIP program, with more than 50 variations in design, eligibility, and implementation, and states report enrollment information in a variety of ways. Racial, ethnic, gender, and age breakdowns are not available for most states, which makes it more difficult to target outreach efforts or to assess what is working in particular communities.

As the CHIP program continues to evolve, states should provide accurate enrollment information on a more timely basis through regular postings on state Web sites and other information sources available to the public. This will help in guiding future advocacy efforts to increase outreach and enrollment and to help assure the financial stability of CHIP.

New federal developments

The consolidated appropriations bill, enacted in November 1999, included provisions to

- Secure reliable, annual state-by-state estimates on the number of uninsured children
- Secure state-by-state information on health care access and use by low-income children
- Require the Department of Health and Human Services to evaluate 10 states and report to Congress on effective and ineffective CHIP and Medicaid outreach strategies by the end of 2001
- Assess Medicaid eligibility rules and procedures that are barriers to enrollment
- Assess the effects of cost-sharing on enrollment, use, and retention
- Analyze disenrollment and factors causing it

Other provisions include a change in the CHIP allotment formula, new upper and lower limits on allotments (ceilings and floors) to stabilize the funding states will receive year-to-year, and increased allotments for U.S. territories. In addition, the Inspector General of HHS will conduct an audit of selected states with separate (non-Medicaid) programs to determine how many Medicaid-eligible children are incorrectly enrolled in CHIP rather than Medicaid.

In the fall of 1999, the Clinton Administration announced new federal efforts to identify and enroll eligible children. These included

- Sending notices about CHIP to 39 million Medicare beneficiaries, since many are grandparents
- Increasing school-based outreach efforts by adding more than 1,500 schools in 49 states to the Insure Kids Now campaign, an innovative outreach campaign with a Web site (www.insurekidsnow.gov) and a tollfree number (1-877-KIDS-NOW), sponsored by the federal government, the National Governors' Association, and Bell Atlantic
- Adding AmeriCorps to the federal implementation task force
- Providing $9.5 million in research funds to identify best practices in outreach

In January 2000, the Administration announced a series of additional outreach measures and legislative proposals to increase enrollment, including measures that would require states to streamline Medicaid enrollment as many states have already done with CHIP. The Administration also announced it would seek $2.7 billion over 5 years in new funds to implement these new proposals, which have the potential to stimulate higher enrollment levels for children in CHIP as well as Medicaid. Other Administration and Congressional proposals would expand coverage for uninsured parents and legal immigrant children.

In summary, CHIP is providing insurance coverage for 2 million children who were previously uninsured. But even if CHIP enrollment doubles over the next year, millions of children will still be uninsured. Children's health advocates, health care providers, and others in the private sector who care about children need to continue to hold states accountable for outreach and enrollment efforts that ensure that every

eligible child receives affordable coverage and access to quality health care.

Meeting the Nation's Public Health Goals

More than 20 years ago, the U.S. Public Health Service began setting national public health goals for the year 2000. Known as Healthy People 2000, the initiative evolved to include 300 objectives in 22 priority areas and addressed health promotion, disease prevention, and data systems.

The most recent national data show that the nation has met 15 percent of its objectives and is moving in the right direction for an additional 44 percent of its objectives, including many in maternal and child health. Specific goals have been met for infant mortality rates, death rates for children ages 14 and under, and activity limitations due to ear infections.[15]

But one-fifth of the nation's health objectives have either improved very little or moved in the wrong direction. Hospitalizations for children with asthma have been increasing for most of the 1990s. Teen obesity has more than doubled in the past 30 years, particularly among low-income teens. Next to smoking, obesity is the leading cause of preventable death and disease; thousands of teens are at risk of developing premature high blood pressure, diabetes, and other serious illnesses more commonly associated with middle or old age. While obesity is the most common nutrition disorder for children and teens, up to 4 million American children live in families who say they do not have enough to eat.[16]

Racial and ethnic disparities in health

In the United States, health status is influenced by race, language, culture, geography, and economics. Racial and ethnic minorities are the fastest growing segment of the population, but they are more likely to be in poorer health and to be uninsured. For example, Black and Native American infants have significantly higher death rates than White infants.[17]

Strategic planning and targeted resources are essential to reducing racial and economic differences in disease rates and increasing access to care. In the process, policy makers must acknowledge that poverty, lack of access to quality health services, environmental hazards, and the need for culturally-appropriate, community-based health services are all underlying causes of the health disparities.[18]

Recognizing the nation's increasing racial and ethnic disparities in health, the Clinton Administration set an ambitious goal — to eliminate racial and ethnic disparities in six areas by the year 2010: infant mortality, cancer screening and treatment, cardiovascular disease, diabetes, HIV/AIDS, and immunizations.

To help reach this goal, the Department of Health and Human Services has undertaken the Initiative to End Racial and Ethnic Disparities in Health (see http://raceandhealth.hhs.gov). In the Fiscal Year 2000 budget, HHS allocated $4.2 billion for improving minority health through direct services, health education, and research on racial and ethnic health care needs. This includes almost $170 million for the Centers for Disease Control and Prevention to treat and prevent illnesses such as HIV/AIDS, heart disease, and diabetes, which are more frequent in people of color, as well as $928 million for minority health research at the National Institutes of Health. The Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and the David and Lucile Packard Foundation have allocated $9.1 million for nine research projects on quality of care and access to care for low-income children in CHIP and Medicaid.

Another area emphasized in the race and health initiative is improving the health care system's capacity to provide culturally-competent care to an increasingly diverse population. This means incorporating translation services, multilingual print materials, and culturally-appropriate artwork into health services, as well as recognizing cultural traditions such as the role of family members and traditional healers when providing health services for ethnically and culturally diverse consumers.

Racial and ethnic minorities make up less than 10 percent of the health care work force. Traditionally, however, they provide a disproportionate amount of the culturally- and linguistically-appropriate health care services in low-income communities. Mainstream providers need to be more culturally aware, and more people of color need to be encouraged to enter the health care work force as physicians, nurses, and other health professionals. In 2000, the Health Resources and Services Administration (HRSA) in HHS will provide almost $400 million to support

strategies for reducing racial and ethnic barriers to quality care.

Maternal and child health indicators

Infant mortality and low birthweight

The United States has made steady progress in reducing infant mortality rates over the past two decades. However, the United States still trails other industrialized nations—it ranks 22nd —and has failed to reduce the disparities in rates among different racial and ethnic groups. Between 1987 and 1997, infant mortality rates declined steadily, but in 1998 the decline stalled at the rate of 7.2 infant deaths per 1,000 births.[19] This was the first time in nearly 40 years that there was no change or improvement in the odds of a child living to his or her first birthday.

Black infants continue to die at twice the rate of White infants. The latest data show that the cause of death for Black infants is four times more likely to be related to low birthweight than for White infants, strongly suggesting unequal access to prenatal care.[20]

Education also plays a role. Incidences of low birthweight and infant mortality rates are higher among children of less educated mothers than among children whose mothers have had more education. Infants born to mothers without a high school degree are 50 percent more likely to have low birthweight than infants whose mothers have finished college.[21] Because less education usually means lower income, and because low-income families are less likely to be insured, expanding insurance coverage to the uninsured is the gateway to reducing these differences.

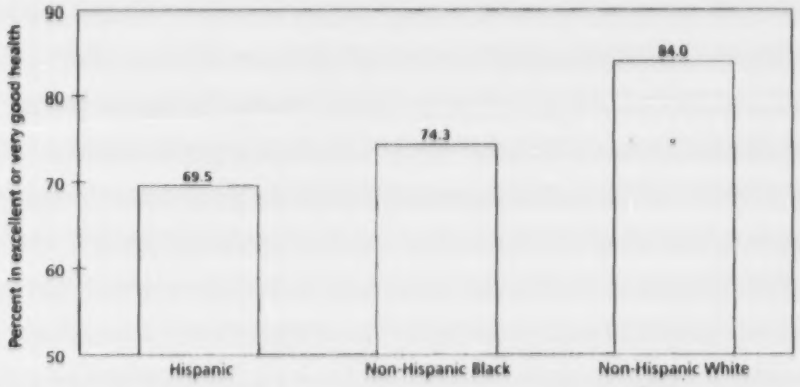
Teen births

Births to teens are another area where there has been much progress. The overall teen birth rate fell again by 2 percent in 1998, continuing a seven-year trend. The overall birth rate for teens ages 15 to 19 was 51.1 per 1,000, according to preliminary data. Birth rates for Black teens ages 15 to 19 dropped 26.1 percent between 1991 and 1998, compared with an 18.9 percent drop for White teens. The overall birth rate for teens ages 15 to 17 reached a record low of 30.4 per 1,000, according to preliminary data.[22] These successes are due to federal, state, and local activities that support teen pregnancy prevention efforts.

But these rates are still too high, and there is still a long way to go. Twice as many teens in the United States become pregnant as in England, Wales, and Canada, and U.S. rates are nine times higher than the Netherlands and Japan.[23]

Every year, almost a million teens become pregnant — one out of every 10 sexually active teens between ages 15 and 19. Although seven out of 10 teen mothers complete high school, they are less likely to go to college than other young women, and 83 percent of the teens who give birth are from low-income families.[24] This means that teen mothers are heading for unemployment or low-wage jobs without health insurance for

HEALTH STATUS OF CHILDREN UNDER 18 BY RACE AND ETHNICITY, FIRST HALF OF 1996



Source: M. E. Weigers and S. K. Drilea, "Health status and limitations: A comparison of Hispanics, Blacks, and Whites, 1996," MEPS Research Findings No. 10 (Rockville, Md.: U.S. Department of Health and Human Services, Agency for Health Care Policy and Research, 1999).

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themselves or their children. The United States needs to continue to devote significant resources, time, and attention to reducing the number of pregnant teens.

HIV/AIDS

In 1998, the overall death rate from HIV infection was 4.6 deaths per 100,000—the lowest rate since 1987.[25] HIV mortality has dropped more than 70 percent since 1995, and no longer ranks among the 15 leading causes of death. The major reason for extended life is new medical treatments, which require insurance coverage to ensure access to medical specialists. Fortunately, due to the use of zidovudine (ZDV or AZT) during pregnancy, the number of children with AIDS caused by mother-to-child transmission of HIV dropped by 43 percent between 1992 and 1996.

However, new case rates and death rates for HIV/AIDS are disproportionately higher for people of color than for White Americans. Although Black and Hispanic women make up 21 percent of all U.S. women, in 1994 they made up 77 percent of reported cases, with rates of 63 Black women and 26 Hispanic women per 100,000, compared with four White women per 100,000. The majority of pediatric AIDS cases continue to occur among Black and Hispanic children.[26]

Disturbingly, HIV infection and AIDS are now the sixth leading cause of death among young persons ages 15 to 24.[27] Because of the 8- to 10-year average incubation period between HIV infection and AIDS and the limited number of states collecting information on new infections, the available reports of AIDS cases understate the size of the epidemic among teens.

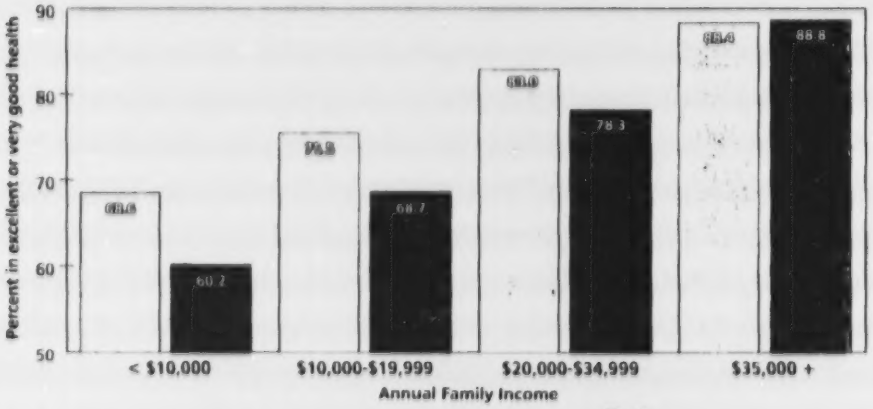
Nearly 50 percent of all college students now receive HIV and STD education on their campuses, but this figure falls short of the year 2000 target of 90 percent.[28] Although treatment for HIV/AIDS has improved significantly and has extended life for thousands of people, the most effective way to prevent the transmission of HIV is by changing risky personal behaviors.

Teen smoking

Today, more than 4 million children between the ages of 12 and 17 smoke.[29] Approximately 430,000 people die every year from tobacco use, at a medical cost of approximately $50 billion.[30] Almost 90 percent of the adults who die every year from smoking-related illnesses started smoking as teens. If current trends continue, approximately 5 million children who are alive today will die of smoking-related diseases.[31]

Among high school seniors, smoking rates are highest among Whites (36.5 percent) and lowest among Blacks (about 15 percent).[32] Rates for Black teens declined steadily from 1977 through 1993 but began to rise again in 1994. Smoking rates for White teens, which held steady from 1981 to 1993, also began to increase in 1994. These recent increases for both groups show how important it is to support programs

INCOME AND CHILDREN'S HEALTH STATUS, 1996



Source: P. F. Adams, G. E. Hendershot, and M. A. Marano, "Current estimates from the National Health Interview Survey, 1996," *Vital and Health Statistics*, Series 10, No. 200 (Hyattsville, Md.: U.S. Department of Health and Human Services, National Center for Health Statistics, 1999).

Selected Maternal and Infant Health Indicators, by Race and Ethnicity of Mother, 1997

Characteristic	All Races	White	Black	Native American	Asian, Pacific Islander	Hispanic
Percent						
Early prenatal care*	82.5%	84.7%	72.3%	68.1%	82.1%	73.7%
Late or no prenatal care**	3.9	3.2	7.3	8.6	3.8	6.2
Low birthweight***	7.5	6.5	13.0	6.8	7.2	6.4
Very low birthweight****	1.4	1.1	3.0	1.2	1.1	1.1
Births to teens	12.7	11.2	22.2	20.8	5.2	17.0
Births to unmarried women	32.4	25.8	69.2	58.7	15.6	40.9
Births to mothers who have not completed high school	22.1	21.3	27.6	32.8	14.0	50.3
Per 1,000						
Infant mortality rate*****	7.2	6.0	13.7	8.7	5.0	6.0

Note: Persons of Hispanic origin can be of any race.

*Care begun in the first three months of pregnancy
**Care begun in the last three months of pregnancy, or not at all
***Less than 2,500 grams (5 lbs., 8 oz.)
****Less than 1,500 grams (3 lbs., 4 oz.)
*****Infant deaths per 1,000 live births. These rates are from the linked birth–death files for 1997 and differ somewhat from other infant mortality rates published by the National Center for Health Statistics.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics

that prevent teens from starting to smoke and encourage young people to quit.

Increasing the cigarette tax is one of the most effective ways to prevent teens from starting to smoke, because it makes cigarettes more expensive and teens have less disposable income than other smokers.[33] Of teens who smoke, 86 percent prefer Marlboro, Camel, or Newport cigarettes — the three most heavily advertised brands.[34] Media campaigns against smoking combined with cigarette taxes are more effective than taxes alone. For example, cigarette purchases declined significantly in Massachusetts and California after they launched initiatives combining cigarette taxes with anti-smoking campaigns.[35]

Immunizations: best rates ever

Childhood vaccinations are one of the most successful and cost-effective public health interventions of the 20th century. They have drastically reduced or eliminated the burden of many devastating illnesses including measles, whooping cough, tetanus, and polio.

Published medical and epidemiological research, federal survey data, and reports from a variety of public health programs consistently show that higher immunization rates are associated with lower incidences of vaccine-preventable diseases. In other words, immunizations protect individual children as well as their communities from preventable illnesses. The increasing number of safe and effective vaccines has improved the health status of millions of American children.

In 1999, the United States reported the highest rates of childhood immunization ever achieved. The overall rate for preschool children increased to a record 80 percent. Three vaccines (polio, measles, and *Haemophilus influenzae* type b, or Hib) were at or above the 90

percent goal specified by the Surgeon General's Healthy People 2000 initiative.[36]

Successful policy initiatives

The improvement in rates can be attributed to the Childhood Immunization Initiative and the Vaccines for Children Program, launched in 1993 and 1994, respectively. These federal initiatives made vaccines readily available through private pediatricians' offices and eliminated the need for states to use Medicaid funds to purchase vaccines for Medicaid-enrolled children. States, in turn, were able to use the funds to increase the rates paid to physicians who give immunizations. The initiatives also supported public education, neighborhood outreach, grants to extend clinic hours, registries, and other innovations.

Outreach and other advocacy efforts have increased immunization rates among younger children, particularly among those from low-income families. In San Antonio, a computerized health database identifies neighborhoods with low immunization rates so special outreach projects can be launched in those areas. In New York City, the Children's Defense Fund worked with local community organizations to push immunization rates for 2-year-olds from 52 percent to more than 80 percent in just three years. The success of these vaccination campaigns is a striking example of how public policy and cooperation at federal, state, and local levels can bring about enormous progress in a short period of time.

Immunization challenges

Despite the tremendous progress in immunization rates, racial disparities still exist among young children. White children show higher immunization rates than Black and Hispanic children. In 1996, 79 percent of White 2-year-olds had received the appropriate number of vaccinations for diphtheria, tetanus, pertussis, polio, measles, and Hib, compared with 74 percent of Black 2-year-olds and 71 percent of Hispanic 2-year-olds.[37] Increased efforts are needed to close these gaps and bring immunization rates up to 100 percent.

Another challenge is the emergence of a vocal movement resisting childhood immunization requirements. All 50 states have established immunization requirements for school entry. Since 1980, at least 95 percent of children entering school have been fully immunized.

However, some groups are seeking changes in state laws to enable parents to choose how and if their children are vaccinated. All 50 states allow exemptions from immunization requirements for medical reasons, 48 states allow exemptions for religious reasons, and 15 states allow exemptions for philosophical reasons.[38]

Children who were exempt from vaccinations for religious or philosophical reasons between 1985 and 1992 were 35 times more likely to contract measles than children who had been vaccinated.[39] Although the beliefs of families must be respected, children who are not immunized may create health risks if they become sick and then transmit a contagious, but preventable, disease to friends and neighbors. Of course, this is how outbreaks and epidemics start.

In spite of the risks, vaccinations are among the safest of all medical interventions, and a child stands a much greater risk of injury from vaccine-preventable diseases than from the vaccines themselves. Systematic research to determine vaccine efficacy and safety, rigorous vaccine approval processes, informed consent, and public awareness campaigns contribute to the public's confidence and improve the public's acceptance of the value of immunizations.

What Are the Major Health Issues for the Future?

If current trends continue, chronic and complex conditions such as asthma and diabetes will become the major childhood diseases of the 21st century. These conditions often have lifelong consequences that require regular visits to health care providers. Environmental hazards such as air and water pollution will be increasingly acknowledged as causes or contributing factors for a wide array of medical conditions. Low-income, uninsured children of color will continue to have the highest risk of becoming sick, injured, and disabled. Thus, increasing insurance coverage and access to affordable, quality health care will remain at the top of the child health agenda until all children are covered.

Improving quality and access under managed care

Changes in the managed care industry, which has come to dominate the delivery of medical services in the United States, have affected CHIP and Medicaid expansions and access to health care for all children.

Until recently, health insurance primarily consisted of fee-for-service medicine, in which consumers receive treatment from any health care providers they choose and bills are submitted to insurance companies for payment. The 1990s brought a variety of managed care arrangements, ranging from the traditional Health Maintenance Organization (HMO) model in which physicians are salaried employees and all medical specialties are located together, to the Preferred Provider Organization (PPO) model in which physicians work out of their own offices and have contractual agreements with employers or other purchasers to treat selected patients at fixed rates. The amount of paperwork for consumers and providers, the types of benefits, access to preventive services and specialists, and cost-sharing arrangements are only a few of the ways that these models differ from each other.

Beginning in the early 1990s, states rushed to enroll their Medicaid populations in various forms of managed care because of the potential for cost savings and the financial stability of having fixed, monthly enrollment expenditures rather than variable, unpredictable fee-for-service expenses. By June 1997, more than half of all Medicaid beneficiaries — 15.3 million people — had been enrolled in managed care plans.[40] When CHIP was enacted, program administrators envisioned that many of the same providers who were serving Medicaid enrollees would also serve CHIP enrollees. It is too early to tell whether there are enough providers participating in CHIP and Medicaid to ensure that enrolled children have access to health care when they need it.

Congress has been debating managed care reforms that would affect CHIP and Medicaid as well as employer-based (private) managed care coverage. Although most policy makers agree that reforms are needed, they do not agree on how the managed care industry should be regulated. Legislation promoting consumer protection and patient rights under managed care has stalled in Congress because of fundamental disagreements over issues such as the amount of compensation for emergency room care, access to specialists outside of health plans or networks, and whether patients should have the right to sue their health plans.

Consumer and provider groups are generally in favor of managed care reform that will improve access to care, give consumers greater choice of providers, and allow physicians and clinicians to determine treatment plans based on their assessment of patients' medical needs and preferences, rather than on the basis of costs. The managed care industry and business groups representing almost every other industry are opposed to most managed care reform proposals on the grounds that reforms would increase the costs of coverage and place an undue burden on employers.

Child health advocates have rightly emphasized that children should have access to pediatricians and pediatric subspecialists who are familiar with children's health and disease. Managed care networks often lack pediatric subspecialists, such as pediatric cardiologists, pediatric pulmonologists, or pediatric gastroenterologists, who are vitally important for children with serious medical problems and special health care needs. Managed care plans need to recruit and maintain a full range of specialists who have pediatric and adolescent expertise if all children and teens are to receive age-appropriate care and services.

Child health advocates and consumer groups need to be included in developing measures of quality of care for children. The Health Plan Employer Data and Information Set (HEDIS), developed by the National Committee for Quality Assurance (NCQA), is most frequently used as a standardized measure of health care access and quality.[41] The majority of Medicaid and CHIP programs require HEDIS data from participating health plans.

HEDIS measures for children include the following

- Childhood and adolescent immunization rates
- Treatment for children's ear infections
- Low birthweight babies
- Children's access to primary care providers and dentists
- Annual dental visits

Asthma Rates Are Increasing Fastest Among Low-Income Children

Asthma has become the leading cause of children's hospitalizations and the leading cause of school absenteeism due to chronic illness. In 95 out of 100 asthmatic children, asthma is related to allergies. Allergic reactions can be triggered by emotional tension and by environmental factors such as air pollution and smog. Pollen, animal hair, dust mites, and cigarette smoke can also bring on allergic reactions, with coughing, wheezing, and tightened airways and lung muscles. The resulting loss of breath and lung spasms are frightening, and if they are not controlled can be fatal.

Asthma rates are increasing all over the world and have nearly doubled in the United States during the past decade. U.S. rates are increasing fastest among children of color in low-income neighborhoods, where indoor and outdoor air pollution are widespread. Often, low-income families cannot afford air conditioning or filters, which improve the quality of indoor air. Low-income parents also cannot afford anti-inflammatory medications or allergy shots to prevent symptoms or inhalers to reduce symptoms such as wheezing.

A recent study by Mt. Sinai Medical Center in New York City showed that emergency room visits for asthma varied dramatically by zip code, reflecting economic and racial differences. Spanish Harlem had 223 visits for every 10,000 residents, while some parts of lower Manhattan had none. Nearly half of all the homeless children in the city were found to be asthmatic.

Children's hospitalizations for asthma did not meet the Healthy People 2000 goals: rates are increasing rather than decreasing. Among all ages, Blacks have higher rates for asthma-related emergency room visits and hospitalizations than Whites do, particularly among children under age 4.

Hospitalizations for asthma can be avoided with good preventive care: using appropriate medications regularly; reducing exposures to allergens, pollutants, and stressful situations; and having a regular source of care to monitor the condition. All of these strategies are more challenging and difficult for low-income children.

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- Availability of language interpretation services
- Well-child visits for children and teens

Although HEDIS information is limited, it is the most widely available standardized information. More advocates should encourage their community health plans and providers to disseminate HEDIS data to the public in an easy-to-understand and useful format, such as a report card. Having comprehensive information on health outcomes is essential to ensuring quality care.

Safe and healthy environments

Every child deserves to grow up in a safe and healthy environment. Recognizing the health effects of chemicals, metals, and other environmental hazards, the Clinton Administration has directed federal agencies to identify and assess environmental health and safety risks that may disproportionately affect children, and to ensure that federal policies, programs, and standards address those risks.[42]

Compared with adults, children are more susceptible to toxins and other environmental hazards. For their body size and weight, children drink more water, eat more food, and breathe more air than adults. Children's immune systems are less developed and less able to handle toxins, and development of their organ systems can be disrupted by toxic exposures. Children who crawl or sit on the floor and ground are at increased risk of exposure to toxins that tend to accumulate in carpets, floorboards, and soil. Low-income children, who are already more likely to suffer from poorer health, are also more likely to be exposed to environmental risk factors.

In 1995, approximately 18 million children under age 10 lived in areas where the air quality did not meet federal standards.[43] The major sources of air pollution include cars and buses (especially those powered by diesel engines), coal-burning power plants, refineries, incinerators, and industrial facilities. Common air pollutants such as ozone and particulate matter (e.g, soot, smog) contribute to increases in respiratory illnesses, worsen asthma, and decrease a child's lung function. Parents and teachers should protect children by checking air quality levels and keeping children indoors on smoggy and windy days.

Children are exposed to chemicals in their homes, in their schools, in playgrounds and parks, and in food and water. Household cleaners, paint fumes, glue, and other common products can have toxic effects on children. Three to four million children live within a mile of one of the nation's most serious hazardous waste disposal sites, which are disproportionately more likely to be located near communities of color.[44]

Though the health effects of most hazardous chemicals have not been studied, they can be neurotoxic, meaning they can damage the brain and nervous system and lead to abnormal development in children.[45] When children are exposed to neurotoxic substances it may affect their intelligence, language ability, and attention span; make them restless and moody; and lead to behavioral and social problems.[46] The Environmental Protection Agency (EPA) and National Institutes of Health (NIH) are supporting new studies to increase scientific understanding of the effects of environmental hazards on children's health.

In the fall of 1999, the American Academy of Pediatrics published the *Handbook of Pediatric Environmental Health*, with more than 30 chapters on prevention and treatment of childhood environmental health problems. The *Handbook* is intended to help clinicians become familiar with environmental hazards, treatment, and prevention strategies.

Lead poisoning

In contrast with some of the newer chemicals, the health effects of lead poisoning have been known since the early 1900s. Although lead has been banned from gasoline and paint, it is estimated that nearly 900,000 children have so much lead in their blood that it could harm their health or impair their ability to learn. Lead poisoning can lead to learning disabilities, behavioral problems, and permanent neurological damage.

Children are primarily exposed to lead by ingesting dust from lead-based paint that is exposed and deteriorating or that is disturbed during repainting and remodeling. The invisible dust gets on their toys, clothes, and the ground, then on their hands and into their mouths. Less frequently, children are exposed to lead by old lead paint chips and lead pipes that have not been replaced. Children living in run-down housing are at the highest risk of exposure. In fact, children from low-income families are eight times more likely to have elevated blood-lead levels than other children, and Black children are at five times greater risk than White children.[47] But any child living in a house built before 1978, when lead paint was banned, is potentially at risk.

Lead accumulates in the body over time, so even small doses can eventually cause irreversible damage. Children can have their future potential cruelly taken away from them at a young age—even before they have started kindergarten—because of a poison that exists on the walls of 64 million U.S. homes and apartments.[48] However, when lead exposure is discovered early and followed by proper medical treatment and removal of the source of exposure, many children who have been exposed to lead can grow up healthy without long-term harm. This is why more aggressive efforts at early screening, treatment, and abatement are so essential.

Unfortunately, only one out of five children in Medicaid is screened for blood-lead levels[49] even though children in Medicaid are three times more likely than other children to suffer from lead poison-

ing. In October 1999, the Department of Health and Human Services notified every state Medicaid director that states must provide annual blood-lead tests to all children under the age of 2 enrolled in the Medicaid program. Medicaid funds are available to effectively treat children with elevated blood-lead levels.[50]

In a related development, the U.S. Department of Housing and Urban Development (HUD) recently awarded $56 million in grants to protect children and families in 13 states from the health hazards of lead paint. HUD, the Environmental Protection Agency, and the Centers for Disease Control and Prevention continue to jointly fund a toll-free hotline (1-800-424-LEAD) to provide public information, in English and Spanish, about lead. The Alliance to End Childhood Lead Poisoning monitors and publicizes additional public policy initiatives, but new initiatives are needed to increase the awareness of all physicians and other providers about the urgent need for screening and treating children who are at risk.

In October 1999, the state of Rhode Island sued lead paint manufacturers and their trade association, seeking damages to pay for lead poisoning screening, treatment, education, and abatement. Other states and municipalities are expected to take similar action in 2000. While this approach is modeled after the successful state lawsuits against the tobacco industry, it is unclear at this early stage whether the lawsuits against lead paint manufacturers will be as successful.

Access to oral health care

More than half of all children ages 6 to 8 and two-thirds of all 15-year-olds have untreated dental problems.[51] Although tooth decay and other dental conditions are not taken as seriously as medical problems, nothing could be further from the truth. To focus the nation's attention on these urgent problems and economic disparities, the Surgeon General will be releasing the nation's first report on oral health in late spring of 2000.

Tooth decay is a preventable infectious disease. Untreated cavities can progress into infections and abscesses, leading to facial swelling, discomfort, and pain. Children with the most serious dental problems can get to the point where their mouths hurt too much for them to eat, leading to malnourishment and failure to grow at normal rates.[52]

The single most effective preventive agent for tooth decay is fluoride in water, toothpaste, and mouth rinses, but only about half of the nation's water systems are fluoridated. Children who live in areas with unfluoridated water are three times more likely to require dental treatment in a hospital operating room, at twice the cost per child, than children whose water supplies have been treated.[53]

There is a direct relationship between income and dental health status. Low-income children who are eligible for Medicaid and CHIP (below 200 percent of the federal poverty level) have twice as many cavities and twice as much dental pain as children at higher income levels (above 200 percent of the federal poverty level). On average, low-income children have half as many visits to dentists.[54]

Medicaid funding for dental services falls far short of the need, covering only about 10 percent of the actual costs.[55] And even though the recipients are entitled to some dental services as part of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) component of Medicaid.[56] only 18 percent of children with Medicaid coverage — fewer than one out of five — receives a single preventive dental service.

While nearly 12 million children lack health insurance, nearly 29 million lack dental insurance. In a recent national survey addressing unmet needs for care, five times as many parents reported needing dental care for their children as reported needing eyeglasses.[57] Under CHIP, states have the option of including dental coverage, and all but two states have included some dental coverage with their separate CHIP programs.

Moving Forward: A 2000 Agenda for Action

The same national commitment, ingenuity, and effort that helped to conquer dreaded diseases such as polio are now needed to ensure that every child has affordable, high quality health care. The nation has the capacity and the financial resources to make this a reality for everyone who is uninsured including parents and pregnant women.

As a first step, every child needs health insurance. Our goal must be to reach 100 percent of America's children. Medicaid and CHIP can help children get a healthy start in life, but only if they are able to enroll easily and to stay in the programs long enough to gain access to health care providers.

The following is an action agenda for child and public health advocates and all concerned citizens:

Help to expand health coverage and ensure full enrollment and full participation of all eligible children in CHIP and Medicaid

- Support efforts to expand health coverage to all uninsured children, their parents, and all uninsured people.
- Push for state support of expanded community-based outreach efforts.
- Work with the private and public sector partners of the Insure Kids Now campaign (1-877-KIDS-NOW) to make sure every parent with eligible children knows that free and low-cost insurance options are available.
- Push your state to implement presumptive eligibility and 12-month continuous eligibility for both CHIP and Medicaid.
- Encourage your state's CHIP and Medicaid agencies to publicize monthly enrollment information through Web sites, press releases, or other sources of information.
- Make sure that your state's CHIP benefits match the needs of children. Help to ensure that dental, vision, hearing, mental health, prescription drug coverage, and coordinated disease management programs for chronic conditions are covered in CHIP programs.

Help to improve access to care by identifying providers who are participating in CHIP and Medicaid and sharing that information with families when they enroll

- Monitor the role of cost-sharing (premiums and co-payments) on families' participation in CHIP by collecting disenrollment figures, and work to reduce financial burdens on families.
- Find out the reasons for disenrollment, including state and county administrative and computer errors, families moving to new addresses, and parents not understanding the importance of continuous coverage even when children are healthy.
- Urge every elected official and policy maker to work to ensure that every child has health coverage, and ask employers to do their share.

Improve access, quality, and monitoring systems for managed care

- Work with members of Congress to pass a strong, enforceable consumer protection law that is responsive to children's health care needs.
- Support efforts that require managed care plans to have enough pediatric subspecialists to provide timely access to care for all enrolled children.
- Push local health plans for child-specific report cards on immunization rates, well-child visits, and other indicators of quality of children's health care.
- Contact local health plans to find out whether they are participating in national efforts to develop consumer report cards and other public information.
- Work to improve access to care for those who are enrolled in health plans, with less waiting time for appointments, more 24-hour advice lines, more timely referrals to appropriate specialists, and improved coordination of care when multiple providers are treating complex and chronic conditions.

Improve outreach efforts to low-income neighborhoods with racial and ethnic subgroups to ensure that all children are fully immunized

- Stay current on new developments and recommendations for vaccines and help ensure that providers and parents have current information.
- Refer parents who want more information to scientific sources such as the Centers for Disease Control (www.cdc.gov/nip/vacsafe), the National Immunization Information Network (www.immunizationinfo.org), and the American Academy of Pediatrics (www.aap.org/family/parents/immunize).

Learn more about the health effects of water pollution, air pollution, pesticides, and other environmental hazards

- Contact the Children's Environmental Health Network (www.cehn.org) and the Environmental Protection Agency's Office of Children's Health Protection (http://www.epa.gov/children/) to learn more about specific environmental problems and strategies to address them.
- Contact local health authorities to learn more about environmental monitoring projects in your community.
- Have the soil and water tested in playgrounds and schools.
- Encourage local health authorities to participate in lead abatement programs for substandard housing.
- Ensure that all children are screened for exposure to lead, and ensure that they receive immediate testing and treatment if necessary.

Improve access to dental care for low-income children

- Hold Medicaid agencies accountable for EPSDT dental services.
- Help to recruit more dentists to participate in Medicaid and CHIP and make sure that payment rates are adequate for both programs.
- Find out the fluoride status of your community's drinking water. If the water supply is not fluoridated, ask your local dental providers and health departments about fluoride supplementation.
- Learn more about pediatric oral health from the American Academy of Pediatric Dentistry (www.aapd.org), Bright Futures (www.brightfutures.org), the National Maternal and Child Oral Health Resource Center (www.necmch.org/oralhealth), the National Oral Health Information Clearinghouse (www.aerie.com/nohicweb), and the forthcoming Surgeon General's Report on Oral Health (www.nidr.nih.gov).

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Child Care

A century ago, most children were born to mothers who did not have paying jobs. Today, the majority of children are born to mothers who work outside the home, often out of financial necessity. Safe, nurturing, stimulating child care allows parents to work and ensures that their children start school ready to succeed.

For the first four decades of the 20th century, few mothers worked outside the home. This changed dramatically during World War II as women entered the work force to help support the war effort. In 1942, Congress addressed the child care needs of these new workers by authorizing funds for child care centers under the Lanham Act. However, after the war ended, most of these centers were shut down. It would be many years before the federal government again played such a significant role in supporting child care.

Starting in 1960, women entered the work force in increasing numbers. Over the next three decades, the percentage of mothers with children under age 18 who worked outside the home would more than double — from less than one-third in 1960 to two-thirds in 1990.[1] In the early 1960s, the federal government began to provide some support for child care, most of it for welfare mothers participating in work programs. Yet, little attention was paid to families' need for high quality child care.

In 1965, the enactment of Head Start, a landmark initiative designed to provide comprehensive preschool experiences for low-income 3- and 4-year-old children, marked the first significant effort to address children's needs for early education. Since its inception, Head Start has been a model for quality early education by offering education, physical and mental health care, nutrition, social services, and opportunities for parents to be involved in promoting their children's well-being and development.[2] Originally designed as a part-day program, many Head Start programs now provide full-day child care. Today, Head Start reaches over 800,000 children — an impressive number, but not nearly enough: only about half of those who are eligible are currently served. In 1993, reflecting a growing recognition of the importance of the first three years of life, Early Head Start was established to provide infants and toddlers and their families with the comprehensive supports that are the hallmark of Head Start. In 1999, Early Head Start served 35,000 children.

In the early 1970s, Congress passed a far-reaching comprehensive child care bill.[3] Although focused on meeting the needs of low-income families, the bill promoted diversity in child care programs by allowing

families with higher incomes to participate on a sliding fee basis. The legislation, however, was vetoed by President Nixon, setting back efforts to develop comprehensive approaches to child care for nearly two decades.

Congress created the Dependent Care Tax Credit in 1976 to offset partially the cost of child care. The Family Support Act of 1988 recognized the child care needs of families receiving welfare, and those transitioning off of welfare, by guaranteeing these families help in paying for child care. In 1990, the Child Care and Development Block Grant (CCDBG) was enacted to meet the needs of low-income working families. Today, the program provides child care assistance to about 1.5 million low-income children, a significant number but far short of the number of children who need these services.

In 1998, Congress addressed the growing need for school-age children to have safe, constructive, supervised activities between the time school ends and their parents come home from work by expanding the 21st Century Community Learning Centers program. This initiative offers funds to local school districts for school-age programs. About 1,600 rural and inner-city public schools in 471 communities — in collaboration with other public and nonprofit agencies, organizations, local businesses, post-secondary institutions, and other community entities — now participate in the program.[4] Thus far, it has served approximately 400,000 children — an impressive number, but a small fraction of those who could benefit.[5]

Research compiled over the past several decades has repeatedly demonstrated that investing in quality child care, early education, and school-age care helps children and families succeed. Studies on the impact of early childhood programs on children's development find that good programs can improve children's chances of long-term success in areas such as school achievement, higher earnings as adults, and decreased involvement with the criminal justice system.[6]

Studies of several state prekindergarten initiatives have also offered convincing evidence that early education benefits children at risk of school failure, leading to higher math and reading scores, stronger learning skills, increased creativity, better school attendance, improved health, and greater involvement by parents in their children's education.[7]

Additional research indicates that families benefit when they receive help paying for child care. In a survey of North Carolina families receiving child care assistance, 83 percent of respondents said the aid had improved either the quality or reliability of their children's care.[8]

Good school-age care also makes a difference for older children. A number of studies have found that children who attend quality after-school programs have better peer relations, emotional adjustment,

FACTS & FIGURES

- Each day, an estimated 13 million children under age 6 — including children whose mothers work outside the home and those who do not — spend some part of their day being cared for by someone other than their parents. Millions more school-age children are in after-school and summer programs.
- Full-day child care easily costs $4,000 to $10,000 per year — at least as much as college tuition at a public university. Yet, one out of three families with young children earns less than $25,000 a year and a family with both parents working full time at the minimum wage earns only $21,400 a year.
- Nationally, only one in 10 children eligible for child care assistance is getting any help.
- The average salary of a child care worker is only $14,820 per year, less than yearly salaries for funeral attendants, parking lot attendants, and garbage collectors.
- A major study, which has thus far tracked the progress of a group of children from age 3 through second grade, found that in comparison to children in lower quality care, children in high quality care demonstrate greater mathematic ability, greater thinking and attention skills, and fewer behavioral problems.
- Juveniles are more likely to be the victims of violent crime in the hour after the end of the school day than at any other time of the day.

grades, and conduct in school compared with their unsupervised peers. They also have more learning opportunities and more academic or enrichment activities, and they spend less time watching television.[9]

Despite clear evidence of the importance of quality care and early education, millions of families struggle to find and afford child care and school-age care options. Many low-income children still lack access to prekindergarten. In 1998, only 42 percent of children between the ages of 3 and 5, but not yet in kindergarten, whose families earned less than $15,000 were enrolled in prekindergarten. By contrast, 65 percent of children the same age whose parents earned $50,000 and above were in prekindergarten.[10] Too many school-age children, nearly 5 million, are left home alone each week.[11]

As we begin the new millennium, it is clear that significant new efforts must be made to address these gaps and ensure that all children have the positive early learning experiences they need to succeed. Every young child who needs high quality child care and early education must have access to it. And every school-age child must have access to after-school activities that keep them safe and support their growth and development. Without adequate child care, parents cannot work, remain economically self-sufficient, and provide for their children. Our nation has the resources and the know-how to meet the child care and early education needs of all children and families. What is needed is the political will to make it happen.

Child Care Is a Necessity — But Many Families Cannot Afford Quality Care

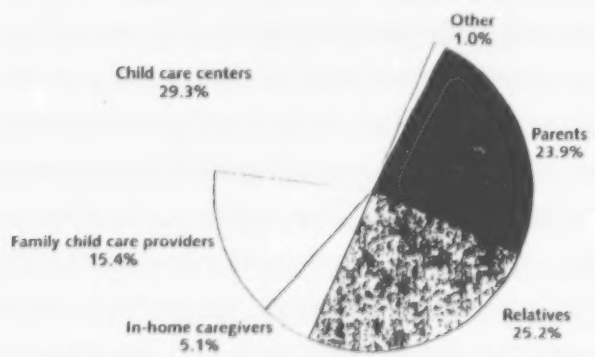
Child care costs stretch many family budgets to the breaking point

Each day, an estimated 13 million children under age 6 — including children whose mothers work outside the home and those who do not — spend some part of their day being cared for by someone other than their parents.[12] Millions more school-age children are in after-school and summer programs.[13]

Child care is indispensable in helping millions of parents work and support their families:

- In 1999, 64 percent of mothers with children under age 6 and 78 percent of mothers with children ages 6 to 13 were in the labor force.[14] Approximately 60 percent of mothers with infants (under age 1) were in the labor force.[15]
- Six out of 10 children under age 6, and seven out of 10 children ages 6 to 13, had both parents or their single parent in the labor force.[16]
- Most mothers in the labor force provide critical financial support for their children. The majority (55 percent) of working women in the United States bring home half or more of their family's earnings.[17] And in 1999, 30 percent of all mothers in the labor force who had children younger than age 6 were single parents, whose earnings were vital to their children's support.[18]

CHILD CARE ARRANGEMENTS FOR CHILDREN YOUNGER THAN AGE 5 WITH WORKING MOTHERS, 1994 (PERCENT)



*Totals do not add up to 100% because of rounding.
Source: Lynne Casper, "Who's Minding Our Preschoolers?" *Current Population Reports*, P70-62 (Washington, D.C.: U.S. Department of Commerce, Bureau of the Census, 1997).

The costs of full-day child care range from $4,000 to $10,000 per year — at least as much as college tuition at a public university.[19] Yet, many parents receive little or no help paying for child care. Parents bear nearly two-thirds of child care costs (60 percent), with the public sector paying most of the rest and businesses contributing about 1 percent.[20] In contrast, the public and private sector pays for 77 percent of the costs of higher education.

Many families cannot afford the cost of moderately priced care, much less the higher prices that better quality programs charge. One out of three families with young children earns less than $25,000 a year,[21] and a family with both parents working full time at the minimum wage earns only $21,400 a year. One out of three children of working mothers are poor, despite the fact that their mothers work, or would be poor if their mothers did not work.[22]

High child care costs cannot be resolved by asking child care providers to lower their prices because they already operate on extremely tight budgets. A large proportion of a child care program's budget is devoted to staff salaries, which are unacceptably low. Few jobs are more important to society, yet the average salary of a child care worker is only $14,820 per year.[23]

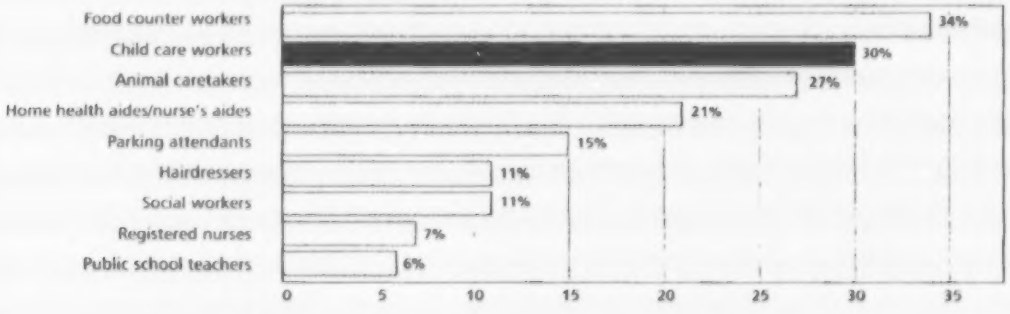
Many children denied quality care because of cost

Quality child care is beyond the reach of many families because of high costs and limited available assistance. A 1999 U.S. Department of Health and Human Services report found that of the nearly 15 million children eligible for child care assistance, only one in 10 is receiving any help. It also found that no state serves all families eligible for child care assistance under federal guidelines (families with incomes up to 85 percent of state median income).[24]

New studies underscore the extraordinary challenges faced by many low-income families who are denied the child care assistance they need to work and support their children. A survey of families on waiting lists for child care assistance in Santa Clara County, California — the heart of the prosperous Silicon Valley — found that more than one-third of parents interviewed earned less than $10,000 annually. Yet, employed parents were spending, on average, about $300 a month for care.[25] A similar study of families on the waiting list for child care assistance in Ramsey County, Minnesota, found that one-third of the families were already in debt, and many said they were struggling to meet their basic needs — rent, food, and clothing. Twenty-two percent had housing problems in the preceding year.[26]

With limited room in their monthly budgets for child care, families on waiting lists for assistance often have no choice but to settle for less expensive, and often lower quality, care. In Santa Clara County, 42 percent of parents waiting for assistance said their children's current child care providers had shortcomings in quality, and 47 percent reported that their child receives

TURNOVER IN CHILD CARE AND OTHER OCCUPATIONS*



*Excludes workers who began and ended their employment between data collection points (1995–1996)

Source: Marcy Whitebook and Dan Bellm, *Taking on Turnover: An Action Guide for Child Care Center Teachers and Directors* (Washington, D.C.: Center for the Child Care Workforce, 1999), using data from U.S. Department of Labor, Bureau of Labor Statistics, and U.S. Department of Education.

Labor Force Participation of Women With Children Under Age 6, Selected Years

	All mothers		Married mothers	
	Number	Percent	Number	Percent
1950	–	–	1,399,000	11.9%
1955	–	–	2,012,000	16.2
1960	–	–	2,474,000	18.6
1965	–	–	3,117,000	23.2
1970	–	–	3,914,000	30.3
1975	–	–	4,518,000	36.7
1980	6,538,000	46.8%	5,227,000	45.1
1985	8,215,000	53.5	6,406,000	53.4
1990	9,397,000	58.2	7,247,000	58.9
1995	10,395,000	62.3	7,759,000	63.5
1999	10,322,000	64.4	7,246,000	61.8

– Data not available
Source: U.S. Department of Labor, Bureau of Labor Statistics. Unpublished data from the March *Current Population Survey*.

sporadic individual attention. And in Ramsey County, half of the eligible families said they would change their child care arrangement if they had assistance.

Even for those families fortunate enough to receive child care assistance, quality care is not always an option because states do not pay enough to child care providers who serve these families. A Children's Defense Fund study determined that as of June 1, 1999, only 13 states' child care assistance programs paid providers at the 75th percentile or higher (the rate that allows parents to have access to three-quarters of the providers in their community) of the current market rate for child care.[27] The remainder of states provided even lower reimbursement. When state rates are too low, many child care providers are unwilling or financially unable to accept children who receive child care assistance. This seriously limits parents' choices of quality child care.

State prekindergarten efforts fall short

In response to a growing awareness of the importance of early learning, more states are launching or expanding their own prekindergarten programs. A comprehensive CDF report, *Seeds of Success: State Prekindergarten Initiatives 1998–1999*, found that 42 states spend approximately $1.7 billion on prekindergarten, serving nearly 725,000 children.[28] Yet, three-quarters of total state spending on prekindergarten is concentrated in just 10 states (California, Florida, Georgia, Illinois, Massachusetts, Minnesota, New Jersey, New York, Ohio, and Texas). Only Georgia has adopted policies and invested sufficient funds to make prekindergarten available to all 4-year-old children whose families want to participate. Most other states limit their prekindergarten initiatives to children from low-income families or children with other risk factors such as abuse, neglect, or low birthweight. Even these states are generally unable to serve all eligible children.

Although these initiatives are intended to help prepare children for school, they do not always ensure that young children will have a high quality early learning experience. Eleven state initiatives have minimal quality assurances, primarily consisting of only child care licensing laws and/or state school codes. And, despite the importance of full-day/full-year programs to working families, the majority of programs are structured to provide only part-day/part-year prekindergarten. Families must find other care to cover the remaining hours.

School-age children need better alternatives

Older children benefit from well-designed after-school and summer programs. They need safe places to go and opportunities to participate in constructive

activities when they are not in school and their parents or guardians are at work.

The public recognizes the importance of school-age care. A survey conducted in September 1999, sponsored by the Charles Stewart Mott Foundation and the J.C. Penney Company, found that 92 percent of voters believe there should be some type of organized activity or place for children and teens to go every day after school. These voters also expressed their belief that after-school programs are a means to improve children's academic performance. Yet, programs and activities for school-age children are lacking in many communities. The poll found that 65 percent of voters believe there are not enough after-school programs available and 85 percent believe it is difficult for parents to find after-school programs in their own communities.[29]

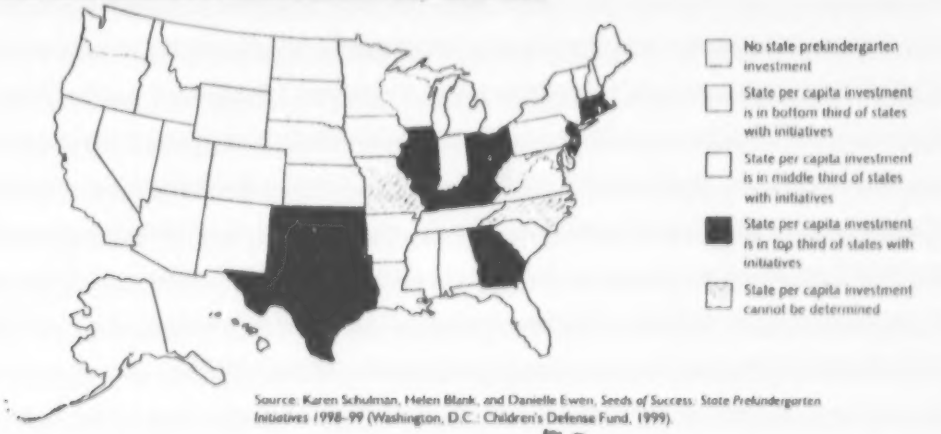
Young people also feel after-school options are limited. A 1999 survey of children ages 12 to 17 found that the majority are not involved in constructive activities outside of school. Seventy percent of respondents said they do not belong to any clubs or organizations outside of school such as the Scouts or the YMCA/YWCA; 74 percent said they usually get together with friends to hang out with nothing specific to do; and 42 percent said they feel bored every day or almost every day.[30] The lack of good school-age options places children at risk; juveniles are more likely to be the victims of violent crime in the hour after the end of the school day than at any other time.[31]

Reflecting this reality, an October 1999 survey of police chiefs found that 86 percent agree crime would be reduced by increasing the amount of after-school and child care programs. Seven out of 10 police chiefs said their highest priority in reducing youth crime would be to provide "more after-school programs and educational child care." By contrast, just 17 percent would make it their highest priority to "prosecute more juveniles as adults."[32]

Recent research confirms the importance of quality care

Quality care is important for children, particularly for those in low-income families who often lack the early learning opportunities such as storytelling and conversation that prepare children to learn and to read. One study of primarily low-income families found that over half the households had fewer than 10 children's books and almost a quarter of the homes contained fewer than 10 books of any type.[33] Low-income children may also have a more limited vocabulary. A study that followed children over a three-year period found that at age 3, children from families receiving welfare had less than half the number of words in their vocabulary as children from professional families. This gap grew over time, and by first grade the children from families receiving welfare had only one-quarter as many words in their vocabulary as children from professional families.[34]

STATE PER CAPITA INVESTMENTS IN PREKINDERGARTEN, 1998–1999


No state prekindergarten investment
State per capita investment is in bottom third of states with initiatives
State per capita investment is in middle third of states with initiatives
State per capita investment is in top third of states with initiatives
State per capita investment cannot be determined

Source: Karen Schulman, Helen Blank, and Danielle Ewen, *Seeds of Success: State Prekindergarten Initiatives 1998–99* (Washington, D.C.: Children's Defense Fund, 1999).

Several new studies demonstrate that quality child care and early education can help children overcome these disadvantages, and that the benefits are long-lasting. For example, a follow-up study on the Abecedarian Project, a longitudinal study started in the 1970s on the effects of early childhood intervention, found that low-income children who received comprehensive, quality early education and intervention scored higher on cognitive, reading, and math tests than a comparison group of children who did not receive the intervention. These positive effects persisted through age 21. Young people who had participated in the early education program were more likely to attend a four-year college and to delay parenthood. Parents benefited significantly as well. Mothers whose children participated in the program received more education and got better jobs than mothers whose children did not participate, with particularly strong results for teen mothers.[35]

Another major study is comparing the development of children according to the quality of child care they receive. Researchers have thus far tracked the children's progress from age 3 through second grade, finding that children in high quality care are demonstrating greater mathematic ability, greater thinking and attention skills, and fewer behavioral problems as compared to the children in lower quality child care. These differences hold true for children from a variety of family backgrounds, with particularly significant effects for children whose mothers have lower education levels.[36]

School-age children also benefit when they have the opportunity to participate in a quality after-school program. A three-year study, published in 1999, of four after-school programs in high-crime neighborhoods determined that children in these programs had fewer school absences, better conflict-management strategies, and better work habits at school than classmates not attending the programs who lived in the same neighborhoods.[37]

Policy Developments

Over the past year, there have been some promising steps taken at the federal, state, and local levels, as well as by the private sector, to support quality child care, early education, and after-school programs. But taken together, they still represent token steps when giant leaps are needed. America has yet to commit to ensuring high quality care is available to all children and families who need it.

Mixed results at the federal level

The fiscal year (FY) 2000 budget included a few victories for children. Head Start funding was increased by $607 million, bringing the total to $5.3 billion. Funding for the 21st Century Community Learning Centers after-school program more than doubled, from $200 million to $450 million. Yet, the news was not all good. Despite four victories on the Senate floor, where solid bipartisan majorities supported major increases in child care funding, the final appropriations bill failed to provide for any significant increase in the Child Care and Development Block Grant. The discretionary portion of the CCDBG remains the same as last year — $1.182 billion — meaning it is worth a bit less, adjusting for inflation.[38] In addition, funds for the Social Services Block Grant (Title XX), which many states use to support child care, were cut from $1.9 billion to $1.775 billion.

Within the CCDBG program, there are funding allocation concerns as well. Although $19 million of the CCDBG remains set aside for after-school and resource and referral programs and $173 million is earmarked to improve the quality of programs, provisions setting aside specific amounts for infant/toddler care and research were deleted.

Comprehensive approaches at the state level

A number of states made noteworthy progress in expanding the availability and quality of child care, early education, and after-school programs in 1999.

Moving forward on multiple fronts

New York, Maine, and Delaware each made broad efforts to increase families' access to quality, affordable care. New York provided additional funding for child care, prekindergarten, and after-school programs. Maine increased funding for child care and after-school care, in addition to expanding child care tax credits. Delaware increased its investment in child care and comprehensive prekindergarten programs.

New York: In 1999, the state approved an 82 percent increase in Child Care and Development Block

Grant funding — the largest increase in the state's history. Steps taken by the state to improve child care and early education included

- Transferring $120 million from the Temporary Assistance for Needy Families (TANF) block grant to the Child Care and Development Block Grant, which will provide child care assistance for at least 13,000 more children and help to increase reimbursement rates for providers
- Increasing state funding for child care and early education by another $60 million to support several efforts, including $15 million for child care capital projects, a $33 million increase in the state's prekindergarten program, $2.4 million for campus-based child care, and a $9.5 million increase for after-school programs
- Earmarking an additional $42 million in TANF funds to expand child care assistance, develop odd-hour care (important since many parents leave welfare to take jobs requiring work on evenings and weekends), expand resource and referral services, support professional development for staff in child care and family child care networks, and create an intergenerational child care demonstration project
- Establishing a child care reserve fund, using $200 million in TANF funds to be spent over three years ($175 million for child care assistance, if needed, and $25 million for activities to improve the quality of child care)

In addition, working families who would be eligible for family assistance or TANF will now have the choice of receiving just child care assistance for children under age 13 without having to turn to welfare. They will continue to be guaranteed eligibility for transitional child care assistance after their TANF eligibility expires.

Maine: Comprehensive child care legislation was enacted that more than doubled the state investment, bringing it to $11 million over two years, with funds for the second year coming from the tobacco settlement. The funds will be used to support a variety of activities:

- In the first year, the state plans to support one-time-only quality and facility grants, an ongoing revolving loan fund, and a tuition assistance program for child care providers.
- In the second year, there will be new funds for child care subsidies, some of which will be used to extend the hours of Head Start programs and to raise child care reimbursement levels above the market rate to stimulate the development of child care in underserved areas.
- The state will also begin a pilot program to provide after-school care for children ages 13 to 15 at 11 regional sites, support ongoing quality assurance activities, expand funding for its regional resource and referral network, and increase the number of licensing staff.
- Maine will implement a plan to take its Healthy Families project statewide. This project supports visits to families with newborns, at the families' request, giving an opportunity to assess and address the needs of new parents.

Additional legislation enacted to expand and improve child care tax credits encourages parents and the private sector to support quality child care. The state's current child care tax credit is doubled for parents whose children are enrolled in an accredited program. Furthermore, the employer tax credit is doubled for employers who create an accredited program or finance institutions that invest in "quality" child care projects. In order to qualify for other state tax credits, businesses are required to demonstrate that they are addressing the child care needs of their workers. Savings from these tax breaks can be used by businesses for child care facilities and other child care costs. Finally, the state plans to convene a Business Advisory Commission on Quality Child Care, which will review the need for further legislation to encourage the business community to invest more in child care.

Delaware: This small state increased funding for child care by $2 million. The funds will be used to

- Expand eligibility for child care assistance to families earning up to 200 percent of the federal poverty level — an increase from the previous level of 150 percent
- Raise its provider reimbursement rates high enough to cover the cost charged by 75 percent of the child care providers in a parent's community and increase the number of days for which providers can be reimbursed if children are absent

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- Allow all 4-year-old children in poverty to participate in either federally funded Head Start programs or the state-funded prekindergarten initiative, which requires programs to meet Head Start's comprehensive standards.

In addition, more than 50 state agency representatives and private sector leaders, including leaders in the business community, joined together to draft a blueprint for developing a strong statewide system of early care and education.

Addressing quality by improving caregiver compensation

North Carolina: Understanding that the quality of children's early learning experiences is inextricably linked to the quality of the staff who care for them, North Carolina moved in a comprehensive fashion to address caregiver compensation. The state enacted NC Cares, a program that will offer wage supplements and health benefits to caregivers in the following ways:

- The Child Care WAGE$™ Project supplements the salaries of child care center providers, directors, and family child care providers by rewarding those who have completed appropriate coursework in early childhood education. The size of the supplement ranges from $200 to $3,000 per year, depending on the amount of education received. For example, a child care provider with a bachelor's degree can receive a bonus of $1,500 every six months.
- The T.E.A.C.H. Early Childhood® Health Insurance Program helps fund the cost of health benefits for individuals working in child care programs that are committed to supporting the education and compensation of their staff. Any child care program that has a sufficient number of staff members participating in the T.E.A.C.H. Early Childhood Associate, Bachelor, or Model/Mentor Teacher Scholarship Program is eligible to participate. The state will reimburse child care providers up to one-third of the cost of individual health insurance coverage if they meet the conditions of the program. Child care centers must agree to cover another one-third of the cost of coverage for each eligible employee. The remaining one-third of the premiums can be paid by employees, but child care programs are free to pick up this cost as well.

North Carolina also expanded funds for its model Smart Start program by $58 million, bringing total direct funding to $208 million in FY 1999–2000 and $239 million in FY 2000–2001. Smart Start, launched in 1993, is a comprehensive public–private initiative to help children enter school healthy and ready to succeed. The initiative provides funding for child care subsidies, prekindergarten, parent and health education, and early intervention and preventive health screenings. Local planning teams make decisions about how to use their Smart Start funds. The initiative is now operating in all 100 of the state's counties.

Supporting local collaboration

Several states are getting communities involved in assessing and planning to meet their child care needs, with the goal of enabling communities not only to have new resources available but also to use their resources more effectively.

Florida: In 1999, the state enacted School Readiness legislation emphasizing local collaboration and greater coordination of resources at the state and local level. Local coalitions will assess their communities' needs and then develop plans for using various sources of funding—including Prekindergarten Early Intervention, Head Start, public and private child care programs, school initiatives serving children with disabilities and other special needs, programs for migrant children, Title I, child care subsidies, and teen parent programs — to ensure that children enter school ready to learn. The plan must be approved by the Florida Partnership on School Readiness, which is overseeing the initiative, and must include choices for parents, a uniform sliding fee scale for all programs, performance-outcome standards, and an effort to provide full-day/full-year care to the greatest extent possible.

Local coalitions can request that the state waive any rules governing individual programs, such as the state's prekindergarten initiative or the child care assistance program, if they believe it is necessary to properly implement the community's school readiness plan. Coalitions approved by January 1, 2000, are eligible for a $50,000 initiation grant to assist with local planning efforts, and those approved by March 1, 2000, are eligible for a $25,000 initiation grant. However, unless new funds are appropriated by the state legislature in

2000, communities are not guaranteed any additional resources to help fill the gaps identified through local needs assessments.

By February 1, 2000, the state-level partnership must make recommendations about how to combine various funding sources into the School Readiness Trust Fund. By July 1, 2000, the partnership must develop a system for assessing the effectiveness of school readiness programs in preparing children for school.

South Carolina: The state approved a $20 million First Steps to School Readiness program that charges local communities with the responsibility for conducting a comprehensive assessment of their needs and resources. They are then expected to develop a collaborative plan to promote school readiness, which focuses on high quality child care, health and preventive care, family support services, parent education and training, and early education.

Creative strategies at the local level

Creative efforts at the local level are also underway to enhance the quality of child care and early education. These initiatives have focused on improving caregiver training and compensation, building the supply of child care, expanding after-school opportunities, and generating increased support for child care and early education among business leaders and the public.

San Francisco: In the summer of 1999, the San Francisco Board of Supervisors approved $1.5 million in funding for San Francisco CARES (Compensation and Retention Encourage Stability), an initiative to attract and retain qualified child care teachers and providers and to increase their compensation.

Responding to a child care staffing crisis in the state, CARES seeks to build a skilled and stable child care work force through two programs:

- The Child Development Corps provides annual wage supplements ranging from $500 to $5,000 to child care teachers and family child care providers who join the initiative and fulfill its training and educational requirements.
- The Resources for Retention program provides quality improvement grants to child care programs that develop and implement plans to improve retention of qualified staff.

San Francisco has also taken steps to expand the supply of child care. In 1997, the city established the Child Care Facilities Fund (CCFF), a public–private partnership involving the city, local banks, foundations, and nonprofit organizations. The CCFF provides small grants to family child care providers. It also offers financial assistance to improve facilities at nonprofit child care centers and technical assistance in the areas of facilities renovation, expansion, and business management skills. In addition, through the federal Section 108 Child Care Center Development Loan Program, the city takes out loans from the U.S. Department of Housing and Urban Development on behalf of child care centers and helps subsidize the loans. The CCFF received $600,000 in 1998–1999 from the city's general fund and has raised $2.5 million from other sources.

In 1999, San Francisco launched the Adopt a Child Care Center initiative, pairing 15 construction companies with child care centers in low-income neighborhoods. The companies will donate more than $1 million in labor and supplies to renovate and remodel 24 centers. This will result in 300 new child care slots and preserve many programs that otherwise might be forced to shut down.

York County, Pennsylvania: York County's Focus on Our Future initiative is a community-wide effort to improve the quality, affordability, and accessibility of child care for children under age 6. The initiative, involving more than 300 York County citizens in a three-year planning process, created a commission of community representatives in 1997 to oversee planning, funding, and implementation of programs. It is sponsored by the United Way of York County in partnership with the York Foundation, Penn State York, and Child Care Consultants, Inc., and is chaired by the president of the Wolf Corporation.

Focus on Our Future has sponsored innovative teacher training and certification/degree programs and has developed projects to help child care homes and centers earn national accreditation. As a result of these efforts, four centers have received national accreditation through the National Association for the Education of Young Children. Twelve additional centers are in the process of becoming accredited. The initiative has also enabled 34 center-based providers to receive

their Child Development Associate (CDA) credential after completing a 37-week course.

Family child care providers have participated in the program as well. Four providers have earned accreditation through the National Association for Family Child Care, and four others are working toward this goal. In addition, nine home-based providers have received their CDA with mentoring support.

Initiative leaders have been pressuring national and state legislators to increase public funding for child care, and they have been working to implement North Carolina's T.E.A.C.H. program in Pennsylvania as a means of providing scholarships and increasing compensation for child care staff. Among other accomplishments, these efforts helped secure $500,000 for T.E.A.C.H. in the state's Department of Public Welfare budget. The first T.E.A.C.H. course started in February 1999, and 31 providers are receiving scholarships to participate.

Other projects include a campaign to educate the community on the importance of quality early care and education, recruitment of family child care providers, and pilot programs to build community scholarship funds for child care and help child care programs with quality enhancement funds. Thus far, the initiative has provided $45,000 in quality enhancement grants to 21 centers and 19 home-based providers.

In 1999, Focus on Our Future formed a commission to develop a comprehensive financial plan to deliver quality early care and education in York County. The commission consists of business leaders, city, county and state legislators, school superintendents, college presidents, and human service administrators. A series of four meetings will be held to quantify the cost of providing quality care, identify various sources of public and private funding for early care and education, establish realistic funding priorities, and develop a timetable for implementation.

The York Foundation received a $500,000 grant from the Heinz Endowment to help support the continuation of Focus on Our Future and to assist seven child care centers in building endowments for quality improvements.

Boston: Boston is continuing to expand its pioneering efforts to provide all children between the ages of 5 and 14 with safe, constructive after-school activities. Building on the work of Parents United for Child Care's Boston School-Age Child Care Project (BSACCP) and the DeWitt Wallace–Reader's Digest Fund's Making the Most of Out-of-School Time (MOST) Initiative, Boston Mayor Tom Menino launched the 2:00-to-6:00 Initiative. This is designed to create after-school programs at elementary and middle schools and to strengthen the connection between what students are taught in school and what they learn after school. The mayor also convened a task force to identify systemwide needs and build public support for out-of-school time programs.

The BSACCP, the city of Boston, and Boston public schools have teamed up to provide ongoing assistance to eight Community Learning Centers, currently funded with federal and state grants, that will provide after-school and other services to 300 children and their families. With support from the BSACCP and others, the Black Ministerial Alliance, a coalition of more than 60 churches, is also working to open eight after-school programs, which would serve an additional 400 children.

Other efforts in Boston include

- An entry-level certificate program for more than 20 after-school program and youth development workers and college credit courses that currently enroll 25 school-age staff members
- A collaborative quality-improvement project with five Greater Boston YMCAs and five Boys and Girls Clubs of Boston
- Parent leadership training to assist parents in promoting the quality of their children's after-school programs
- A facilities-improvement initiative, providing grants and/or low-cost loans to expand and enhance programs, that has already created 200 new slots and improved program facilities for an additional 500 children

Leadership from the private sector

A number of private employers have played an important role in promoting and seeking to improve quality child care and early childhood education. This is in their self-interest for two reasons. First, the availability of quality, affordable child care in their communities helps businesses attract and retain capable

employees with children. Second, quality child care is just as important as quality schools in ensuring that tomorrow's workers will be prepared to compete in the 21st-century economy.

Florida: Many employers in Florida are helping to support child care and early education. In response to employers who recognized their low-wage employees were often dependent on publicly funded child care assistance in order to work, the state set up the Child Care Executive Partnership Program in 1997. With this program, the state funds $10 million in child care subsidies for low-wage workers, and employers invest another $10 million to help pay for child care for their own workers or other low-wage workers in the community. In 1998, the Executive Partnership Program supported a measure to provide a $74 million increase in state funds for the state's general child care subsidy program. The private sector continues to expand its involvement in child care, initiating the Hour a Week for Kids Project in 1999. Working with the Florida Children's Forum, the project commits 40 of the state's most prominent business lobbyists to spend one hour a week talking to state legislators about child care issues.

Business leaders worked strenuously to pass the Gold Seal law in 1999. This new law

- Raised eligibility for child care assistance from 150 percent to 200 percent of the federal poverty level for families receiving subsidies through the Child Care Executive Partnership Program
- Expanded the state's child care assistance investment by $37 million
- Encouraged higher quality child care by allowing child care providers who hold a special Gold Seal designation (and meet higher standards) to be reimbursed at higher rates when they serve children receiving child care assistance
- Increased training requirements from 30 to 40 hours a year for all child care center workers and from three to 30 hours for licensed family child care providers, and required a credential for center directors
- Added a sales tax exemption for educational materials and a property tax exemption for Gold Seal child care facilities that provide health insurance for their employees
- Exempted from the ad valorem tax all licensed child care facilities (and facilities operated by religious institutions that are exempt from licensing) that achieve a Gold Seal designation
- Included a property tax exemption for child care facilities operating in an enterprise zone
- Increased state funds to help meet the required local match for the Early Head Start program
- Established the Warm Line, a telephone hotline for child care providers who serve children with special needs to use for technical assistance or consultation

Idaho: Philanthropic organizations have also helped strengthen child care in local communities. In March 1998, the J. A. and Kathryn Albertson Foundation launched a three-year, $3.8 million initiative to improve the learning and development of Idaho's young children from birth to age 8. In partnership with other professionals and organizations, the foundation

- Seeks to triple the number (from 13 to 39) of accredited early childhood programs in the state by the end of the year 2000
- Established the Parents as Teachers (PAT) program to support parents in their role as their child's first and most influential teachers
- Adopted the T.E.A.C.H. project to provide professional development opportunities and increased compensation for child care providers
- Funds collaborative community projects that promote children's learning and development

Moving Forward: A 2000 Agenda for Action

The American people and community leaders have voiced their strong support for making quality child care, early education, and after-school care a major national priority. In a poll conducted in August 1999, two-thirds of those surveyed agreed that providing access to after-school programs and early childhood development programs such as Head Start was more important than cutting taxes. This ranked higher than paying off the national debt, building new highways, building more advanced weapons, or spending more on military pay. Moreover, half of those surveyed said they would pay more in taxes to support quality child care, early education, and after-school programs.[39]

Advocates and policy makers must work together to ensure that adequate funding is available so that child care policies provide

- A solid foundation for young children that allows them to enter school with the early learning skills necessary to become strong readers and good students
- Access to after-school activities that not only offer older children a safe haven, but also provide them with the academic enrichment they need to stay and succeed in school
- Reliable, affordable child care options that enable parents to work outside the home or that give children extra learning opportunities if their parents stay at home

These goals will be realized only through new partnerships between the public and private sectors, and among all of the agencies and organizations at the federal, state, and local levels that support children and families, and if government, businesses, and philanthropic organizations join together to make needed investments.

The following is a multi-pronged agenda to help children and families overcome the child care challenges they face each day.

Advocates should support policies at the federal level to

- Substantially expand the Child Care and Development Block Grant (CCDBG) to strengthen the quality of child care for all families and make child care more affordable. Investments in the quality of child care should be increased, and targeted funding for infant and toddler care and research should be restored and expanded, given the serious gaps in the supply and the quality of child care, especially for children under age 3
- Continue expanding the 21st Century Community Learning Centers program, which supports after-school activities. The FY 2000 appropriation of $450 million, while more than double the FY 1999 expenditure, still fell short of President Clinton's proposed investment of $600 million. Policies should also establish a strong community planning process, a greater role for community-based organizations in the development and operation of school-age programs, and guarantees of adequate staff training to help ensure quality programs
- Improve the Dependent Care Tax Credit by increasing the amount of credit for low- and middle-income families, making it refundable, and providing tax credits for parents who stay at home
- Fully fund Head Start so that all eligible 3- and 4-year-olds can participate, and expand Early Head Start so that more infants and toddlers can participate
- Support an early learning initiative that ensures very young children receive comprehensive, quality educational experiences that help them develop the skills they need to read and prepare for school
- Increase funding for campus-based child care centers and provide student-loan forgiveness for child care providers
- Extend the Family and Medical Leave Act to cover all employers with 25 or more employees—a decrease from the current cutoff of 50 employees—bringing this essential benefit (up to 12 weeks of unpaid leave for employees with a new child or a serious illness in the family) to 10 million more Americans. In addition, advocates should support President Clinton's proposal to allow states to provide unemployment insurance benefits to parents taking family leave
- Amend the Child and Adult Care Food Program to fund meals and snacks at for-profit child care centers serving low-income children, and children up to age 19 enrolled in both community- and school-based after-school programs
- Restore funding for the Social Services Block Grant (Title XX) to $2.4 billion

Advocates should work for policies at the state level to

- Invest whatever is necessary to guarantee child care assistance to all low-income working families
- Transfer 30 percent of TANF funds, when available, to the Child Care and Development Block Grant and use additional TANF funds within the TANF Block Grant for child care, Head Start, after-school, and youth development activities

- Conduct outreach to inform low-income families that child care assistance is available and explain how to get it. (Many families are unaware they may be eligible.) States should also streamline their application process to encourage families receiving TANF or working for low wages to take advantage of child care assistance. In addition, states should provide parents with counseling and support in choosing reliable, quality child care options
- Ensure a real choice of child care providers by setting reimbursement rates that are, at a minimum, based on current market rates (but are higher for programs offering higher quality care or special-needs care), and by setting reasonable fees for families
- Provide grants to assist providers in meeting higher quality standards
- Offer opportunities and resources to local communities to plan and fund comprehensive early childhood programs for young children and families
- Expand and improve infant care by creating family child care networks, setting infant care reimbursement rates high enough to ensure access to services, offering specialized training for infant caregivers, and enhancing the contracts for providers who care for infants
- Expand child care opportunities for parents who work irregular hours by providing higher reimbursement rates and special contracts for providers who offer care during early morning hours, evenings, and weekends
- Ensure that child care is available for children with disabilities and other special needs
- Provide refundable state dependent care tax credits to help parents afford child care
- Give parents the option of staying home with their very young children through policies such as paid family leave
- Offer child care providers opportunities and incentives — including adequate compensation and benefits — to receive training and education and to remain in the early childhood field
- Strengthen state licensing and monitoring standards and support an adequate number of well-trained inspectors so parents can be confident their children are in safe and supportive settings. Parents should have easy access to information about how well child care programs and providers are measuring up to state standards
- Ensure that every community has resource and referral programs to help families find child care that meets their needs and to support child care providers, including informal caregivers
- Provide capital and affordable loans through bonds, grants, and other financing mechanisms to ensure a sufficient supply of safe child care facilities suited to children's needs
- Fund high quality, comprehensive prekindergarten programs for all families who wish to participate. Programs should be operated by a range of community child care and Head Start providers as well as public schools, be available on a full-day/full-year basis to meet the needs of working families, and be easily accessible to all families, including those whose children have special needs, speak languages other than English, or lack transportation
- Increase the availability of before- and after-school as well as summer programs that offer academic, recreational, and creative enrichment activities for elementary, middle, and high school students

Advocates should act at the local level to

- Persuade county and municipal government leaders to invest additional local dollars in improving the quality, affordability, and supply of child care and after-school programs
- Encourage religious institutions, schools, and community organizations to support child care and after-school programs by mobilizing funds, volunteers, space, and other resources
- Create partnerships with schools, parks and recreation departments, libraries, community-based organizations, and local public agencies to maximize before-and after-school opportunities for elementary, middle, and high school students
- Enact zoning and land-use policies that support family child care by defining it as residential use
- Work with community development corporations to expand child care options, especially in low-income communities

- Work with local housing officials to ensure that public housing projects offer high quality center-based and family child care
- Urge localities to use Community Development Block Grant funds for child care facilities

Advocates should encourage the private sector to

- Make child care more affordable and available for their employees by supporting on- or near-site programs, offering resource and referral services, and helping families with the cost of child care
- Establish family-friendly policies such as flextime, compressed work weeks, job sharing, and paid family leave
- Invest in their community's quality of life by helping to finance community child care funds that assist families in paying for child care and bolster the quality of care, local resource and referral programs, training for child care providers, and accreditation costs for child care centers and family child care homes
- Support renovation and construction of child care facilities by establishing loan funds or guaranteeing bank loans made to child care programs
- Play a leadership role in raising public awareness about the need for increased investments in child care, early education, and after-school programs and in urging federal, state, and local policy makers to follow suit

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CHAPTER FOUR

Education

Throughout the past century our nation has experienced tremendous growth and evolution in its commitment to providing a free, public school education to all children. In the early 1900s there were no compulsory attendance laws, nine out of 10 children dropped out of school by age 14, and fewer than 7 percent graduated from high school.[1]

Within a few decades, however, numerous social changes transformed the public school system. Immigration from abroad, mass migration from farms to cities, enactment of child labor laws, and technological advances that replaced jobs traditionally held by children contributed to the enactment of compulsory education laws. Access to education became more universal, yet many children were left behind.

Inequities persist

Minority and low-income children, children with disabilities, and non-English speaking children were often excluded or given an inferior education. Racially segregated schools had been upheld in *Plessy v. Ferguson* (1896). It was not until 1954 that the Supreme Court's historic *Brown v. Board of Education* decision ruled unconstitutional "the segregation of children in the public schools solely on the basis of race." Implementation of the *Brown* decision, however, was long delayed. In fact, through most of the past 46 years, the struggle to dismantle racial segregation in the public schools and provide equal educational opportunities to all children dominated the education debate. In a number of communities, court-ordered busing, which was intended to achieve racial integration, is ending after many years yet schools remain racially segregated and children are still denied educational opportunities solely because of the color of their skin. Nearly five decades after *Brown v. Board of Education*, many school districts face racial divides as great as those in 1954.

Millions of children with disabilities were also left outside the public school system. Enactment of the Education for All Handicapped Children Act in 1975 helped open schoolhouse doors for these children. This law, now known as the Individuals with Disabilities Education Act, greatly expanded educational opportunities for children with disabilities and marked one of the most profound changes in education in the last quarter-century. Non-English speaking students benefited from a 1974 Supreme Court decision, *Lau v. Nichols*, which held that public schools must provide appropriate services to children with limited proficiency in English.

The 1960s brought enactment of national legislation aimed at improving education for the poor, including Head Start (see the Child Care chapter for more information) and Title I of the Elementary and Secondary Education Act (ESEA), which provides federal funds to increase educational opportunities

for low-income students. A wave of school finance litigation in the 1970s focused on changing systems of financing public schools that provided children in poor communities less money and fewer resources than available to children in wealthy communities. These lawsuits helped move some funds into the most impoverished schools, yet as the century closed, enormous inequities continue to exist. The most disadvantaged children are persistently left with fewer resources, less qualified teachers, and inadequate facilities.

College education expands

On another front, access to higher education accelerated with passage of the GI Bill following World War II. While college previously had been limited to a small portion of the population, the GI Bill helped put it within reach of millions of Americans. The expansion of college student grant and loan programs in the 1960s continued to open the gateway to higher education.

Due to these initiatives and other changes in the economy and society, the number of students entering college reached a record high of 14.9 million students in 1999.[2] As of 1997, nearly 45 percent of high school graduates were enrolled in college, up from 39 percent in 1990.[3] This increase in college enrollment, however, also helped trigger devaluation of a high school diploma, adversely affecting those students whose education still ends by the twelfth grade.

Today, a college degree is the greatest factor in determining whether one receives better job opportunities and higher earnings or is locked out from the benefits of the booming economy. For example

- In 1998, those with a bachelor's degree or higher were more likely to be employed than their peers with lower levels of education.[4]
- Between 1980 and 1997, the earnings of those with a bachelor's degree or higher rose 26 percent faster than the earnings of those who only completed high school.[5]
- Men with a bachelor's degree earned 50 percent more than men with no more than a high school degree or GED equivalency.
- Women in the work force with a bachelor's degree earned 91 percent more than women with no more than a high school degree or GED equivalency.[6]

Unfortunately, too many poor and minority students face tremendous obstacles in getting a college education. Financial barriers and a weakened public school system that fails to prepare many students with the basic education needed to succeed in college make it difficult for these students to complete a college education. Although increasing numbers of high school graduates enter college, in 1998, only 31 percent had completed a bachelor's degree or higher, up from 27.3 percent in 1989.[7] Nearly two-thirds of the nation's high school graduates do not have a college degree, which is critical to economic success in a competitive work force.

FACTS & FIGURES

- Nearly two-thirds of the nation's high school graduates do not have a college degree, which is critical to economic success in a competitive workplace.
- A total of 2.2 million teachers will be needed to meet enrollment increases in the next 10 years.
- The richest school districts spend 56 percent more per student than the poorest do.
- In 1998, 62.8 percent of Hispanic students completed high school, 88.2 percent of Black students and 93.6 percent of White students completed high school.
- The average public school is 42 years old; school buildings usually begin rapid deterioration after 40 years.
- The smaller the class, the more each student receives personal attention, the more a student has time to speak while others listen, and the less likely a student is to be distracted by peers.

Facing the challenges of growth

In addition to addressing the inequalities, America's educational system faces another major challenge — growth. In September 1999, 53.2 million young people enrolled in public and private school, a national enrollment record.[8] By the year 2009, secondary school enrollment is set to increase by 9 percent and the number of high school graduates will increase by 16 percent.[9] These increases reflect the "baby boom echo," the 25 percent increase in the birth rate that began in the mid-1970s.

This growth threatens to overwhelm a system already straining to meet the needs of its current student population. A total of 2.2 million teachers will be needed to meet enrollment increases in the next 10 years. The capacity of school districts to cope with this growth is being stretched to the breaking point. Portable classrooms are sprouting up across the nation as enrollment increases. School districts need to hire and train more qualified teachers, reduce class sizes, and limit the size of public schools to the ideal maximum of 600 students.[10]

Failing to meet key goals

Underlying the challenges of inequality and growth is perhaps the most fundamental problem facing the educational system—the need to ensure that every child receives a world-class education and is taught to achieve at high levels.

In an attempt to set standards and measure progress toward this objective, in 1989, President Bush and the nation's governors developed a series of national educational goals to be attained by the year 2000:[11]

Goal 1—All children in America will start school ready to learn.

Goal 2—The high school graduation rate will increase to at least 90 percent.

Goal 3—All students will leave grades four, eight, and twelve having demonstrated competency over challenging subject matter, and all students will be prepared for responsible citizenship, future learning, and productive employment in our nation's modern economy.

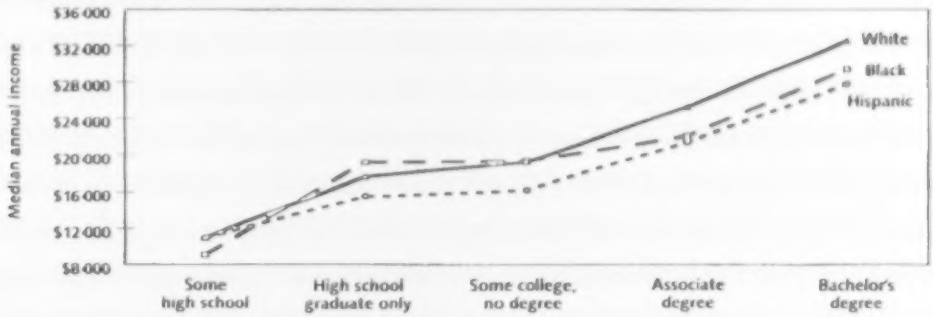
Goal 4—The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.

Goal 5—U.S. students will be the first in the world in mathematics and science achievement.

Goal 6—Every adult will be literate and possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

Goal 7—Every school will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and offer a disciplined environment conducive to learning.

MEDIAN ANNUAL INCOME BY EDUCATIONAL ATTAINMENT, BY RACE AND HISPANIC ORIGIN, 1997



Note: Persons of Hispanic origin can be of any race.
Source: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, Series P-20, 513, Educational Attainment in the United States: March 1998 (1998), Table 8. Available only at //www.census.gov/ in PDF format.

Goal 8—Every school will promote partnerships that increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

As the new millennium begins, not one of these goals has been met. According to a report by the National Education Goals Panel, although America has made steady progress in some areas, too many goals are still elusive and only a fraction of the students in most of our schools are performing at high levels of achievement.[12]

Comparing the national education goals for 2000 with the reality is disheartening. For example

- Despite recent modest gains, the percentage of fourth and eighth grade students who meet the Goals Panel's performance standard in reading has changed minimally over the past 30 years.[13]
- High school completion rates are only at 88 percent[14] and there are serious questions about the quality of education many students receive in their high schools.
- The majority of post-secondary institutions must offer remedial courses[15] in basic subjects because so many high school graduates are unprepared for college level work.
- The percentage of secondary school teachers who hold degrees in the subject matter they teach has actually decreased.[16]

Unless greater effort is made to achieve the national education goals, it is likely that even more generations of children will enter and leave school unprepared for the world they face.

While progress has been made in creating educational opportunities for millions of children and implementing reforms aimed at lifting educational achievement, too many students still do not have access to a quality public school education. Our education system remains in desperate need of fundamental reform to ensure that every child is given the opportunity to acquire the knowledge and skills necessary to succeed. America's system of free public education has been a gateway to greater opportunity for generations — and a foundation of our democracy. It needs to continue to grow, expand, and meet the challenges of new generations of children.

If the 20th century saw America largely fulfill its commitment to universal access to public education, the 21st century must see our nation make good on its promise of universal access to quality education for all — regardless of family income, race, gender, language, disability status, or neighborhood. (See box for CDF's Ten Point Education Agenda.)

Poor and Minority Students Being Left Behind

Nearly a half-century after *Brown v. Board of Education*, a student who is Black, Latino, or Native American remains much less likely to succeed in school.

While many factors are involved, perhaps the greatest is the dramatic disparity in resources provided to the poorest children. According to a 1997 U.S. Department of Education analysis, the richest school districts spend 56 percent more per student than the poorest do.[17] Schools serving large numbers of poor children tend to have fewer books and supplies, and teachers with less training. The report found that more than 70 percent of teachers in schools with a high concentration of low-income students reported lacking some necessary materials for their classes.[18] And these students were more likely than students attending more affluent schools to be taught by teachers who did not major in the subject area in which they taught.

A recent study by the College Board's National Task Force on Minority High Achievement also noted that poorer families tend to live in urban school districts that have lower quality teacher training and experience.[19] The task force identified additional causes of the achievement gap. These include the fact that poorer families tend to move more frequently, which directly contributes to a lack of educational consistency. Parents with lower incomes tend to have lower education levels themselves and therefore are not as well-equipped to support their children's educational development. And the task force found that an increasing number of teachers have lower academic expectations for minority students, which contributes to students' lowered confidence in their ability to excel academically.

CDF's Ten Point Education Agenda for Every Child

Too often lost amid rhetoric about education reform is this simple fact: education is about one thing only—**our children**. If America's public education system—the pillar of our democracy—is to be revitalized, it must be refocused exclusively on the well-being of **all** students. While appropriately ambitious, the following ten-point agenda for education reform is realistic, achievable, and absolutely essential. A deep sense of urgency is necessary to face this challenge of preparing a new generation of children for the future. This agenda puts children first in education policy by insisting that America:

1. **Operate from the premise that all children can learn and perform at high levels** — and thus focus every action in our education system from school board decisions down to teaching in the classroom on helping all children perform at high levels.

2. **Ensure that every child enters school ready to learn and ready to succeed** — and that requires access to safe, nurturing, quality early child development experiences and preschool opportunities.

3. **Set measurable and appropriate standards for success** — and hold everyone — administrators, teachers, parents, students, and communities, in that order — accountable for meeting those standards.

4. **Empower teachers and principals — working with parents — to make as many key education decisions as possible** — reduce the size of educational bureaucracies and change their role from one of direction to one of support because decisions made at the level closest to the students will best meet their needs.

5. **Invest in quality teaching** — by ensuring lifelong training and retraining, strengthening and renewing respect for the teaching profession, and compensating teachers commensurate with their ability and essential role in our society.

6. **Provide every child with facilities that support learning and state-of-the-art tools** — ranging from up-to-date text books (many school districts still don't have enough) to Internet access.

7. **Ensure adequate resources to make all of the above a reality** — but use those resources wisely and efficiently.

8. **Involve the entire community — especially parents — in this cause, ensuring that students receive the support and services they need to succeed in school** — that requires a coordinated effort by social service agencies, the business community, law enforcement officials, neighborhood groups, faith-based institutions, health care providers, and the full range of voluntary organizations that work with children along with educators.

9. **Engage the public in the school reform debate** — only with full participation by those who elect education decision-makers and pay taxes can child-centered reform succeed.

10. **Address every one of the above elements now** — in its entirety this agenda will succeed. Addressed in pieces, it will not.

Gap between Black, Hispanic, and White students

Given these challenges, it is not surprising that the gap between minority and White students persists, though for many years it had been closing. Between the early 1970s and the mid-to-late 1980s, Black students' performance scores in reading, mathematics, and science improved considerably relative to White students of all ages. But since the late 1980s, the gap has either remained the same or widened, depending on grade and subject matter.[20] According to the National Assessment of Educational Progress (NAEP), in 1998, average reading scores for White fourth grade students were 33 points higher than those for Black fourth grade students;[21] in 1996, in math scores, the difference was 32 points.[22]

Although the gap between Hispanic and White students has narrowed steadily from 1973 to 1996, Hispanic students' average performance scores in reading and mathematics have also remained lower than those of White students.[23] The 1998 NAEP fourth grade tests showed that White students scored 31 points higher in reading than Hispanic students,[24] and 26 points higher in math.[25] Moreover, high school completion rates for Hispanic students are significantly lower than rates for both Black and White students and have changed little in the past 25 years. In 1971, 48.3 percent of Hispanic students completed high school; in 1998, the percentage had only risen to 62.8 percent. By contrast, during that same period, the percentage of Black students completing high school rose from 58.8 percent to 88.2 percent, less than 5.4 percentage points behind the White student high school completion rate of 93.6 percent.[26] One reason is that Hispanic students often face language barriers that place them at greater risk for educational failure.

The College Board Task Force study cited above found that only one-tenth of those who scored at the highest level on the NAEP reading, math, and science tests were Black, Hispanic, and Native American students.[27] These students represented only about one in 20 students who had very high scores on the SAT. Another significant finding reported by the College Board on minority achievement shows that Black, Hispanic, and Native American students receive significantly lower grades at traditionally White colleges and universities than their White and Asian peers who share the same college admission scores.[28] The report suggests more support services on campus are needed to help under-represented minorities adjust academically and socially to college demands.

Progress in narrowing the achievement gap

Despite the statistics, some impoverished schools have provided a solid education for their students,[29] demonstrating that problems are not intractable. A 1999 report by the Education Trust and the Council of Chief State School Officers found that certain high poverty schools can and do reach high levels of achievement with the right recipe of reform and financial resources.[30]

In Milwaukee, one elementary school, 80 percent of whose students are poor, scored in the top percentiles in reading assessments. In Reno, Nevada, an elementary school with half its students from low-income families scored at the highest level in mathematics assessments.[31] The report found that these and other high-performing schools were all characterized by

- Having state and local curriculum standards in place to evaluate teacher performance and student achievement
- Increasing their focus on mathematics and reading
- Conducting professional development for teachers focused on helping students achieve standards
- Increasing the level of parental involvement
- Implementing accountability mechanisms with real consequences for adults if standards are not met[32]

Another recent report issued by the Council of the Great City Schools identified certain strategies that 48 urban districts have used successfully to narrow academic achievement gaps across racial, ethnic, and economic lines.[33] The report highlights the following big city school districts that have significantly narrowed the gaps: Boston; Broward County, Florida (Ft. Lauderdale); Charlotte-Mecklenburg, North Carolina; El Paso; Fort Worth; Houston; Jefferson County, Kentucky (Louisville); Memphis; Miami-Dade County; Philadelphia; San Francisco; and Seattle. Some of the common strategies used by these school districts include

- Improving professional development
- Reducing class size
- Identifying at-risk youth early
- Increasing parental involvement
- Establishing clear levels of expectation for students and teachers
- Implementing multiple assessments
- Extending learning time
- Emphasizing more reading in early grades

For example, by requiring all tenth-graders to take the PSATs, the Jefferson County School District narrowed the SAT gap between Black and White students by 13 points. Hispanic students made gains for reading in second, third, and fourth grades and gains for mathematics in fourth, fifth, sixth, and eighth grades as a result of Miami-Dade's after-school tutoring and mentoring programs. These reports illustrate how educational reform can be realized in our poorest schools by implementing common-sense principles designed to help lift student achievement.

Overall Measures of Student Achievement

While inequities present a major hurdle on the road to achieving national education goals, the overall performance of U.S. students falls short on various measures.

Mixed international performance assessments

A large area of concern is the lagging performance of the U.S. educational system as a whole, compared with other industrialized nations, on certain key measures of educational achievement. According to the 1995 Third International Math and Science Study (TIMSS), American fourth graders scored above a 26-nation average and eighth graders scored close to international averages on mathematics and science. However, by the twelfth grade, our students scored below the international average and among the lowest of 21 countries.[34]

This decline in science and mathematical achievement between elementary school and high school is very troublesome. A major factor contributing to this erosion is the significant number of students in higher grades who are taught mathematics and science by unqualified teachers. For example, the American Council on Education found that 56 percent of seventh through twelfth graders were taught physical science by teachers who lacked degrees in this subject. This was true of 70 percent of seventh through twelfth graders in the poorest schools.[35]

But the news was not all bad. The United States ranks first among the large industrialized countries in the percentage of adults, ages 25 to 34 and 45 to 54, who have graduated from college, although other countries are catching up.[36] Furthermore, the United States is among the top ranking countries in student literacy.[37] In a comparison of 27 countries, the United States ranked second in reading literacy scores for 9-year-olds and ninth for 14-year-olds.

Literacy, mathematics, and science skills are prerequisites to functioning in a complex society that is increasingly reliant on technology. While the U.S. can take pride in its international rank in student literacy, without comparable math and science achievements, American students may not become as productive as they must be to compete successfully in the 21st-century global economy.

Reading and writing performance does not meet U.S. goals

While comparing U.S. student achievement with students in other countries is an important way to measure educational success, the United States must also evaluate how students are meeting the country's internal goals. In reading and writing, American students are lagging behind established goals. According to the National Assessment of Educational Progress, although achievement scores for reading and writing increased in fourth, eighth, and twelfth grades between 1994 and 1998, certain groups of students had scores that stagnated and even declined.[38]

Moreover, the achievement levels being reached are unsatisfactory. The National Education Goals Panel set a goal for all students to be reading and writing at the "Proficient" or "Advanced" levels by the year 2000. The Proficient level means achieving a solid understanding of the knowledge and skills required in fourth, eighth, and twelfth grades. Yet only a small percentage of students have reached these levels. In the fourth grade, only 31 percent of students are

performing at the Proficient level in reading. Just 23 percent have achieved proficiency in writing. A handful of students — 7 percent in reading and 1 percent in writing — are performing at the Advanced level, which denotes mastery of the material or superior performance. Most students have only attained the "Basic" level, which signifies partial mastery of the knowledge and skills necessary to be Proficient.

Some states are exerting great efforts to try to improve their students' reading scores. For example, Ohio has adopted a Fourth Grade Reading Guarantee mandating that by 2001-2002, every fourth grade student will read at fourth grade level. Assessments will be given at the end of the first, second, and third grades to follow students' progress. Tutoring and summer school will be offered for those students falling short of their reading goals. Students who do not meet the required reading levels will not graduate to the fifth grade. In conjunction with the reading guarantee, Ohio increased funding to help schools provide students with the individual assistance needed to reach these goals. Schools may use this funding to increase the number of teachers in the classroom, hire teachers' aides, extend the hours of the school day, and reduce class size.[39]

In 1999, the California state legislature invested $94 million in initiatives to improve reading in kindergarten through third grade and raise teacher quality. The Elementary School Intensive Reading Program provides intensive reading instruction for students in kindergarten through fourth grade who need more instruction before school, after school, and during the summer. The Governor's Reading Award Program will provide awards of up to $5,000 per school based on the number of books students read.[40]

Early education: getting children ready to learn and succeed

Widespread research shows that success in school is often related to early education experiences that occur before a child enters kindergarten. The importance of early education is acknowledged — and emphasized — by the first of the national education goals for 2000, which provides that "all children in America will start school ready to learn."

Achieving this goal requires taking all of the steps necessary to ensure children's healthy development so they can be focused on learning when they enter the classroom. These steps include providing early screening for health problems, ensuring immunizations, reducing low birthweight, increasing the number of mothers receiving early prenatal care, encouraging family-child reading and storytelling, and increasing participation in quality preschool programs for all children, including those with disabilities.

According to the National Goals Panel 1999 report, there have been successes in a number of areas:

- Reducing the proportion of infants born with health risks
- Increasing the number of 2-year-olds who have been fully immunized
- Increasing the number of families who read and tell stories to their children on a regular basis
- Increasing the number of 3- and 5-year-olds from low-income families participating in preschool
- Increasing the proportion of children with disabilities participating in preschool
- Increasing the percentage of mothers receiving early prenatal care[41]

Nevertheless, too many poor children still don't get the early start on educational success that they need. Research has shown that for low-income children there is a strong link between high quality child care programs and later achievement. A report released in 1999 from the Abecedarian Project, a longitudinal study tracking poor children's participation in high quality child care from infancy to age 21, found that those participating in high quality child care were more likely to attend college or hold skilled jobs than those who did not receive quality child care. Thirty-five percent of the students who participated in the child care program attended college before age 21, in contrast with 14 percent of the students who did not. The students participating in early education were also less likely to become teenage mothers than those in the control group. (For more information on the importance of quality child care and early education experiences, see the Child Care chapter.)

The Nation's Reading and Writing Performance

	4th Grade	8th Grade	12th Grade
Reading			
At or above Basic	62%	74%	77%
At or above Proficient	31	33	40
Advanced	7	3	6
Writing			
At or above Basic	84	84	78
At or above Proficient	23	27	22
Advanced	1	1	1

Sources: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress 1998 Reading Report Card for the Nation and the States (March 1999); National Assessment of Educational Progress 1998 Writing Report Card for the Nation and the States (September 1999).

School Reform Strategies

Public opinion polls from 1999 show that reforming public school quality is at the top of the nation's list of concerns. For example, according to a NPR/Kaiser/Kennedy School survey,[42] Americans believe education is so important that they are willing to pay higher taxes if it means improving public schools. Suggested improvements include increasing pay for teachers, reconstructing old and dilapidated schools, and enforcing academic standards. Three out of four respondents said they would pay an additional $200 a year in taxes if it would be used to improve schools, and 55 percent said they would pay an additional $500 a year to improve schools. Eighty-three percent of Americans believe in equalizing funding for all schools, even if it means taking money from wealthier districts and funneling it into poorer districts.

Partially in response to public opinion, a wide range of education reform efforts are underway across the nation. The following is a discussion of some of the most prominent reform initiatives.[43]

Teacher quality and training

Over the next 10 years, 2.2 million new teachers will be needed to replace retiring teachers, handle the influx of new students, and enable schools to reduce class size — a critical element in improving the quality of education. Unfortunately, many states have responded to the need for new teachers by lowering standards and hiring those who are marginally qualified — exactly the opposite of what America's children need. Nationally, more than one-fourth of newly hired teachers are put in a classroom without having completed their state's licensing requirements.[44] Twelve percent of newly hired teachers do not have a license, and 15 percent hold only temporary, provisional, or emergency licenses. State licensing laws vary widely. For example, Connecticut has rigorous licensing requirements, while Texas allows those who fail the licensing test to continue to teach for one year. New York is among the few states aggressively combating this trend by mandating that, by 2003, no teachers with temporary licenses will be hired.[45]

The greater a teacher's training and command of a subject, the better his or her students perform, according to the American Council on Education's report *To Touch the Future.*[46] But a recent U.S. Department of Education survey of 4,000 teachers found that only 38 percent of all teachers have an undergraduate or graduate major in an academic field (i.e., a biology teacher has a degree in biology rather than science education), 18 percent have a major in a subject area of education (i.e., reading education), and 37 percent have a major

in general education.[47] As noted earlier, high poverty schools have the highest number of teachers who lack the qualifications to teach in their subject areas.

Increasing the number of qualified teachers requires many strategies: raising salaries, improving working conditions, and developing training programs coupled with mentoring services. Teacher education programs also need to establish regular internal assessments and evaluations to ensure quality control. The National Commission on Teaching and America's Future released a report in 1999 on specific recommendations for improving the number of competent, caring, and qualified teachers.[48] The commission's recommendations include the following:

Standards: Establish performance-based systems of teacher licensing, advanced certification, and education program accreditation that are linked to new student achievement standards.

Teacher preparation and professional development: Create extended preparation programs that include a yearlong internship in a professional development school, ensure mentoring for beginning teachers, and develop sustained content-based professional development for veteran teachers.

Teacher recruitment: Streamline hiring procedures, eliminate barriers to mobility, and provide incentives for teaching in areas and fields where there are teacher shortages.

Reward teacher knowledge and skill: Create evaluation and compensation systems that reward expert teachers and remove incompetent teachers.

Organize schools for student and teacher success: Flatten hierarchies, reallocate resources to teaching and technology, redesign roles and schedules, and reward schools that improve learning.

In the coming years, one of the most contentious issues facing education will be the level of accountability placed on the colleges and universities that must produce a new generation of qualified teachers prepared to give every child the education he or she deserves. Proposals to test teachers and withhold funds from schools that fail to produce teachers who meet high standards are already the subject of controversy. Yet, as students are being held to high standards, greater accountability is legitimately being demanded of educators and educational systems.

Standards-based reform

The drive to improve academic achievement has also brought "standards-based reform" to the forefront of the debate over education reform. The standards-based reform movement is based on the following principles:

- Establish clear and challenging goals in specific subject areas for each grade
- Focus teaching on helping students achieve these goals
- Develop accurate measures to determine student progress towards these goals

There are two elements to standards-based reform: content standards establish what a student should know and be able to do in core subjects in each grade, and performance standards measure how the students achieve the content standards.

Standards-based reform has come from many directions. At the federal level, in 1994, Congress revamped Title I of the Elementary and Secondary Education Act and required states to develop both content and performance standards to measure students' academic achievements.

In the 1994 legislation, Congress was responding both to a strong movement at the state level towards testing and to criticism of poor academic performance by students at Title I schools. Since then, nearly every state has adopted content standards, though how they are used varies significantly from state to state.[49] Only 21 states implemented performance-based standards by the law's deadline of spring 1998; the rest requested waivers for more time. In addition, many states have failed to develop distinct assessments for students with disabilities and those for whom English is their second language, despite the law's requirements to do so.

Although few states have unified all of the components required to make successful standards-based reform a reality, some have made notable progress. A study conducted by the National Goals Panel examined two states, North Carolina and Texas, that exhibited large gains in reading and mathematics after they adopted standards-based policies.[50] The study found that in both states similar practices yielded noticeable gains

Violence in Schools

The recent tragic school homicides brought unprecedented attention to the problem of school violence in 1999. While one child homicide is one too many, the reality is that overall school crime rates are declining, according to the 1999 Annual Report on School Safety conducted by the U.S. Departments of Education and Justice. The drop has been substantial — from 155 to 102 school-related crimes per 1,000 students between 1993 and 1997. In 1997, serious violent crime and theft rates were down from 1993 both at school and away from school.

One way of continuing to reduce violence in our schools is to reduce high school enrollment to a maximum of 600 students. The National Association of Secondary School Principals has found that smaller schools allow students to feel more connected, thus reducing the alienation and isolation that can result in violent behavior. While violent crime is declining and school homicides are extremely rare, the recent multiple shootings in Littleton, Colorado, Conyers, Georgia, and other communities call for more aggressive and thoughtful action to reduce the prevalence of violence in our communities. For more information on reducing violence against children, see the Juvenile Justice and Youth Development chapter.

Sources: U.S. Department of Education and Justice, 1999 Annual Report on School Safety, *School Violence Continues to Decline; Multiple Homicides in Schools Rise* (October 1999): Press Release; Kenneth Cooper, "Education Chief Prescribes Smaller Schools to Curb Violence," *The Washington Post*, (September 6, 1999): A3.

These included

- Setting statewide academic standards, by grade, for clear teaching objectives
- Holding all students to the same standards
- Conducting statewide assessments closely linked to the academic standards
- Implementing accountability systems with consequences for results
- Increasing local flexibility for administrators and teachers
- Creating computerized feedback systems and data for continuous improvement
- Shifting resources to schools with more disadvantaged students[51]

There are, however, a number of concerns raised by the standards-based reform movement. While setting clear goals for student achievement, measuring them, and imposing accountability are important means of ensuring that all students achieve at high levels, these reforms can have negative impacts as well. The first is the risk that teachers — whether of their own accord or under the direction of principals and administrators—will overemphasize test-taking strategies and teach to the low-level skills that testing measures.[52] A focus on achieving test results can mean sacrificing less measurable, but no less vital, skills such as critical thinking, problem-solving, and creativity. Further, many schools place less emphasis on subjects essential to a well-rounded education, but not tested as frequently, such as science and social studies as well as art and music.

States and school districts can overemphasize testing and misuse their results. In some cases, policies have been proposed to reduce funding to schools if they do not perform well enough on the standardized tests. The result may be to further reduce resources where the need is greatest based upon the results of test scores. Reports of school districts or teachers cheating in order to have their students meet standards requirements are troubling, particularly because of the message this sends to children.

The use of test scores to make high-stakes decisions about students, including promotion and graduation, poses other problems. Numerous calls have been made for an end to social promotion, the practice of promoting students to the next grade regardless of their aca-

demic progress.[53] However, research shows that holding students back does not improve achievement and can have dire results. For example, a student who has been held back more than once is 90 percent more likely to drop out of school.[54] If the result of abolishing social promotions is simply to push more students out of school entirely, this reform effort will have failed.

Moreover, states and school districts committed to ending social promotions have found the policy is easier to implement in principle than in practice. For example, it has been reported that in Los Angeles school administrators found they would have had to hold back nearly half of all students due to a policy to end social promotion in all grades and had to reconsider the plan. In San Diego, the school board, which decided to hold back third graders who could not read "at grade level," could not agree on how to measure this standard and promoted all third graders for the 1999-2000 school year.[55]

Faulty scoring mistakes have also generated concerns about standards testing. For example, in New York City, thousands of students were mistakenly sent to summer school when they should have been promoted because of a scoring mistake made by the company who designed the exam.

For standards-based reforms to be successful, there must be a sense of balance and perspective, and an alignment between the curriculum provided to students, assessment tests designed to measure how much the students are learning from the curriculum, and standards that students are expected to achieve. Without this alignment and comprehensive approach, students can end up being punished for what they have not been taught.

As Harvard School of Education Professor Richard F. Elmore told *The New York Times*, "Teachers and principals simply do not know how to do what they are expected to do with the new standards. Until you can walk into the average classroom in the average school and find the content being taught in a way that would help the average student meet the standard, it is not fair to penalize the students."[56]

Thirty-one states impose penalties on school districts when student performance fails to achieve certain levels. These penalties include requiring a state-approved improvement plan, replacing the entire faculty and staff, or threatening a state takeover.[57] Nearly all states publish school performances to stimulate reform and provide incentives for improvement. Fourteen states offer rewards to high performing schools such as ceremonial honors and cash awards.

However, according to a survey by the U.S. Department of Education, few states provide assistance to low-performing schools to help them improve.[58] For example, only nine states report that they have the resources to provide support to at least half of the schools in need of improvement and 24 states say they have more schools in need of improvement than they can serve. Imposing punitive measures on those schools already strapped in their ability to implement reform strategies can be shortsighted. Failing schools should receive the resources needed to address deficiencies before sanctions are imposed.

Successful standards-based reform requires a complicated overhaul of public school systems. If done correctly, standards-based reform can dramatically shift principals and teachers out of a rut of underachievement and low assessment scores and give students a consistent message about what is expected. However, standards and testing alone will not improve outcomes. A January 1999 report by the National Research Council of the National Academy of Science, *High Stakes: Testing for Tracking, Promotion, and Graduation*, appropriately noted that "in the absence of effective services for low-performing students, better tests will not lead to better educational outcomes."[59] Without the commitment of teachers, principals, students, parents, and local school boards, the standards-based reform promise cannot translate into the reality of successful teaching and learning. Unless students are adequately prepared to achieve, there is no reason to expect standards-based reform will succeed in lifting educational outcomes.

Reducing class size

One element essential to the success of standards-based reform — though it is far from the sole reason for adoption — is reducing class size. Research shows that classroom size has a prominent effect on the quality of education, especially for younger students and disadvantaged and minority students.[60] The reasons should come as no surprise. The smaller the class, the more each student receives personal attention, the

more a student has time to speak while others listen, and the less likely a student is to be distracted by peers.

The U.S. Department of Education identified a number of successful state efforts to reduce class size that have shown highly favorable results. These include

- Indiana's Prime Time project. An effort to reduce class size in kindergarten through the third grade, this initiative found that students in smaller classes achieved at higher reading levels than those in larger classes.
- Tennessee's Project STAR (Student Teacher Achievement Ratio). This effort found that students in smaller classes substantially outperformed their peers in larger classes on both standardized and curriculum based tests. A smaller proportion of students in smaller classes were held back, and a higher number of students had their special needs identified early.
- North Carolina's Burke County schools. A recent initiative here to reduce class size found that students in the smaller classes outperformed the other students in both reading and mathematics.
- Wisconsin's SAGE (Student Achievement Guarantee in Education) Program. This effort found that SAGE first graders performed consistently better than other students in mathematics, language arts, reading, and total scores for the Comprehensive Test of Basic Skills. Most prominently, the achievement gap lessened between White and Black students in the SAGE school's smaller classes, in contrast to the widening gap in the larger classes of comparison schools.

Reducing the class size, however, does not necessarily mean improved outcomes if, for example, the number is simply reduced from 30 to 25. Tennessee's Project STAR found that fewer than 18 students yielded the most positive results. The Clinton Administration has focused its class-size reduction initiative on reaching this number. Under this initiative, funds were appropriated in 1998 and 1999 to hire additional classroom teachers, with a goal of providing 100,000 new teachers over a seven-year period.[61] An estimated 30,000 teachers were hired for the 1999-2000 school year as a result of this effort.[62]

Charter schools

Charter schools are institutions that receive a contract (or "charter") from a public school system outlining conditions that allow charter schools to operate free from a number of regulations that apply to all other public schools. As tax-funded alternatives to the traditional public school system, these schools are most frequently created and run by school administrators, teachers, and groups of parents, although some for-profit "educational management companies" have gotten involved as well.[63] As of September 1999, 1,605 charter schools were operating. Thirty-six states and the District of Columbia have passed legislation authorizing the creation of charter schools.

President Clinton has set a goal of having 3,000 charter schools up and running by the year 2002. In support of this objective, the U.S. Department of Education awarded more than $95 million in federal grants last year to help assist in the start-up and development of additional charter schools.[64] The 1998 Charter School Expansion Act attempts to target these funds towards those states that establish mechanisms to hold charter schools accountable to improve student performance.

In February 2000, the U.S. Department of Education issued its fourth annual report on the state of charter schools.[65] It found that most charter schools are newly created and small in size. The report found that in some states, charter schools serve significantly higher percentages of minority and economically disadvantaged children. White students made up about 48 percent of charter school enrollment compared with 59 percent of overall public school enrollment in 1997-1998. Charter schools in Connecticut, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, New Jersey, North Carolina, and Texas serve higher percentages of minority students than other states. Since 1992, when the first charter school opened, 59 schools, or 4 percent of all charter schools, have been closed. According to the Department of Education report, revocation of the charter most frequently occurs because of fiscal mismanagement, violation of the charter agreement, or failure to meet student achievement goals.

The report also found that nearly two-thirds of newly created charter schools focus on an alternative

vision of schooling. One-quarter were founded to serve a specially targeted population, and one-third of public schools converted to charter schools to gain autonomy from regulations.

Comprehensive data is still not available to measure the impact of charter schools on student performance. The Department of Education, however, is undertaking a longitudinal assessment of student achievement in a sample number of charter schools as part of a national study. With the results of the charter schools' impact on student performance not yet established, debate over their role in educational reform continues. Some see charter schools as a place for creativity and the development of new approaches that will help lift educational achievement for all students while others see them as diversions from addressing the broader need for public school reform. One thing is clear: the number of charter schools has grown considerably in the past eight years, and charter schools are likely to play an increasingly significant role in the education reform debate.

Voucher programs

School voucher proposals have been the subject of heated debate for some time. Vouchers, which usually divert tax dollars away from public schools in order to pay for all or a part of selected students' tuition at private schools, are increasingly being advanced as the answer for low-income and minority communities where students are trapped in low-performing schools. Vouchers gained more momentum in 1999 when Florida Governor Jeb Bush signed into law the first statewide program aimed at addressing the problem of failing schools through vouchers. States such as Ohio and Wisconsin have had voucher programs for some time, but the programs only serve a small population.

Vouchers raise many issues of concern for children who depend on public education. First, they threaten to drain public schools of greatly needed public tax dollars and send the message that when public schools don't work, they should be abandoned rather than fixed. These are the same public schools that educate about 90 percent of students and will continue to serve the vast majority of America's children.

Second, vouchers are likely to draw the best students from public schools, leaving already struggling public schools with less funding and a higher proportion of students with learning problems and special needs. Most private schools are wholly unprepared and unwilling to handle students with behavioral problems and learning disabilities, while public schools must accept all students. Moreover, vouchers can reduce accountability since private schools lack the governance structure that allows parents to register concerns. The parents' only choice may be to change schools, rather than press for reforms within the school.

Another difficult issue posed by vouchers is whether public tax dollars may be used to benefit religious institutions since many private schools are affiliated with a particular church or denomination. This has been the subject of numerous constitutional challenges.

In 1998, the U.S. Supreme Court declined to review a Wisconsin Supreme Court decision that allowed Milwaukee parochial schools to receive public tuition vouchers. The Supreme Court also refused to hear a challenge to an Arizona program that provides a special Private School Tuition Tax Credit for charitable donations to parochial schools. In yet another case last year, the Supreme Court denied review of an appeal regarding whether parents in Maine are entitled to public subsidies for religious school tuition on the same basis as those who receive public subsidies for private schools because there are no public schools in their town. In 1999, an Ohio district court initially enjoined 4,000 children from attending parochial and private schools with vouchers in Cleveland. The court later found the vouchers program unconstitutional, but because of potential disruption, the students were allowed to attend the schools pending a final decree from the appeals process. Because the Supreme Court has declined to review several noteworthy cases and the lower federal courts continue to grapple with these cases, many questions about the constitutional viability of the voucher movement are left unresolved.

While many advocates for vouchers argue their approach will stimulate competitive forces within the market and provide incentives for public schools to improve, as noted above, there is a risk that vouchers would simply perpetuate and deepen unequal education. There are other ways to stimulate competition such as public choice between the public schools, as well as the option of attending charter schools. Rather

than abandon the schools and children who need attention, our nation needs to advance reforms that will improve educational opportunities for all, not just a fortunate few.

Recent Developments in Education

Beyond the questions of which reforms should be implemented and what their impact has been, there are a number of other important developments affecting our education system and its ability to help all children perform at high levels.

Finance litigation

A new wave of school finance litigation has emerged in an effort to address the inequitable and inadequate funding available for many public school systems. Parents, students, and school districts are challenging states for their failure to provide adequate resources to educate the poorest students. A major cause of the school funding inequalities is that most states rely heavily on local property taxes for education funding. In wealthy districts, property taxes generate ample funds for local schools. But in poor districts, property tax revenues do not come close to meeting the need. Moreover, these districts often require higher per pupil education expenditures because of the negative impact poverty has on a student's school readiness. Statewide funding equalization measures are essential to giving all children the educational opportunities they deserve.

In 1971, the landmark California school financing case, *Serrano v. Priest*, spawned a number of legal challenges asserting that inequalities in funding based on the relative wealth of different school districts violate the equal protection clauses of federal and state constitutions. However, the Supreme Court's 1973 decision in *San Antonio Independent School District v. Rodriguez* held that wealth-based inequalities in the Texas school districts did not violate the equal protection clause of the federal constitution and that public education is not a fundamental federal right. As a result of this decision, the school finance litigation shifted its focus to education and equal protection provisions in state constitutions. Presently, most states have encountered at least one school financing case brought under state law, and 17 state supreme courts have found school finance systems unconstitutional.[66]

The plaintiffs in most school finance cases are from school districts where the taxable wealth per pupil is below average. Other cases involve sprawling urban schools, which must educate large numbers of poor and minority students. In these cases, the litigation raises questions about whether the school finance system adequately considers the disproportionate needs and higher costs of educating large numbers of disadvantaged students.

Some cases have addressed whether school systems are adequately educating students by determining whether schools have met certain goals such as whether students can read and write. In *Abbeville County School District v. South Carolina*, South Carolina's highest court found that inadequate educational opportunity was a legitimate basis to overturn a school finance system.[67] In addition, some courts have found that school financing inequities violate Title VI of the Civil Rights Act of 1964 because of the disparate impact on racial and ethnic minorities.[68]

Under a variety of legal theories, state courts are finding in favor of the students in a significant number of these cases. As the sanctions imposed on students who cannot pass standardized tests increase, it is likely that legal action will continue to be taken against school financing systems that provide the fewest resources to the poorest students, thereby limiting their potential for success.

Desegregation

As mentioned earlier, school busing came full circle in 1999, with court-ordered busing ending in a number of historic cases. In Charlotte, North Carolina, U.S. District Judge Robert Potter held that current racial imbalances in Charlotte-Mecklenburg public schools are due to demographics, not intentional discrimination, and ended court-ordered busing, which began in 1969. Last summer the Boston Schools Committee voted to end mandatory busing. Similar action has taken place in other school districts that were once subject to court-ordered busing.

According to a report by Gary Orfield of Harvard University, schools are becoming re-segregated.[69] The percentage of White and Black students attending in-

tegrated public schools has declined steadily since the 1990s. In the 1996-1997 school year, the average White student attended a public school that was more than 80 percent White; 69 percent of Black students attended schools where minorities comprised a majority of students. And 35 percent of Black students were attending schools whose minority population ranged from 90 to 100 percent.[70]

This racial segregation can have devastating impacts on minority achievement. As previously noted, too many minority students are already trapped in poorer school districts with lower levels of quality instruction and opportunities. The trend towards all minority public schools is likely to worsen the situation. Greater attention is needed to focus on this growing problem.

School construction

If the first priority in education is providing all children with qualified teachers, a close second is ensuring that their school buildings, facilities, and equipment are conducive to learning. Unfortunately, there is an urgent need to modernize and reconstruct many of our dilapidated public schools. One-third of all public schools, about 25,000, require extensive repair or replacement.[71] In addition, approximately 60 percent of schools report needing at least one major building feature repaired or replaced.

According to the U.S. General Accounting Office, it would cost $112 billion to bring the nation's schools into good overall condition. A January 1999 report by the National Center for Education Statistics revealed that the average public school is 42 years old; school buildings usually begin rapid deterioration after 40 years.[72]

This sad state of affairs directly impacts our children's education. A study of public schools in New York found that students in overcrowded schools scored significantly lower in mathematics and reading exams than those in less crowded schools.[73] A report on public schools in the District of Columbia found that students attending schools in poor condition scored 11 percent lower than students whose schools are in excellent condition.[74]

To be serious about improving education, greater resources must be invested in providing adequate physical facilities for our students. A massive modernization program for public school buildings is long overdue. In Ohio, the state Supreme Court found the state's method of public school financing unconstitutional and mandated a school reconstruction effort to build adequate facilities in an effort to remedy the disparity caused by the inequitable school financing system. The Clinton Administration has also proposed a series of initiatives, which include federal tax credits to pay the interest on bonds for upgrading 6,000 schools, and interest-free federal loans and grants for needy school districts that require urgent renovations. As the nation undertakes school restructuring, it must use this opportunity to rebuild schools to meet the needs of communities and working families in the 21st century. Structures that can be used for preschool, after-school, and summer programs will serve multiple needs in the years ahead.

Technology

There is great pressure to equip our public schools with computers, software, and Internet access to better prepare students in using complex technologies in the workplaces of today and tomorrow. Fortunately, access to technology has dramatically increased over the past few years. In the fall of 1998, 89 percent of public schools were connected to the Internet, up dramatically from 35 percent in 1994.[75] There are, however, discrepancies amongst school districts in the quality of computer access. Ideally, the lower the student-to-computer ratio, the more effective the use of technology. According to a report on computer facilities the national average is one computer per 10 pupils.[76] Where schools are 95 percent White, the 1 to 10 average ratio is achieved by 42 percent of the schools. In contrast, in schools where the majority of students are minorities, only 28 percent of the schools achieved this ratio.

While computer use at home and school is increasing, a "digital divide" exists because most poor and minority students have less access to technology. For example, households with incomes of $75,000 or more are 20 times more likely to have access to the Internet than those at the lowest income levels.[77] Whites are more likely to have access to the Internet from their home than Blacks or Hispanics from any location.[78] A child in a low-income White family is three times as

likely to have Internet access as a child in a comparable Black family, and four times as likely to have access as children in a comparable Hispanic household.[79] This makes it all the more important that poor, Black, and Hispanic students have access to computers and the vast information resources of the Internet in their public schools.

One attempt at bridging the digital divide is the E-Rate program established by the Telecommunications Act of 1996, which provides discounts for the Internet and telecommunications services to schools with the highest number of poor students. Without this access to technology too many of our students will be left behind without the skills and tools necessary to function in the next millennium.

Higher education

Although more young people of all racial, ethnic, and economic backgrounds attend college today, only one in three high school graduates completes a college education. That leaves two-thirds of high school graduates without the skills and education that is now a virtual prerequisite to sharing in the benefits of the booming economy. At a time when a college degree is becoming more important than ever, higher education costs have grown enormously — much faster than the rate of inflation — and soar beyond the reach of many students from low- and moderate-income families. Between 1986-1987 and 1996-1997, the average cost for college tuition and room and board, adjusted for inflation, increased by 20 percent at public institutions and 31 percent at private institutions.[80] Within the last year, tuition and fees increased by 3.4 percent at four-year public institutions, by 4.6 percent at four-year private institutions, and between 3 and 5 percent at two-year institutions.[81] Room and board costs also increased by approximately 4 percent within the past year.

The increased costs make financial aid more important than ever. But while financial aid has grown significantly, it remains inadequate to meet the needs of many families. Also, most aid has shifted from grants to loans leaving many college students with heavier debt burdens. For example, loan aid has more than doubled in the past 10 years in contrast with a two-thirds increase in grant aid.[82] Federal loans comprise the largest portion of student aid at $33.7 billion dollars per year, or 52.5 percent of all student aid awarded. Federal Pell Grants comprise 7.2 billion, or 11.3 percent. Increases in appropriations for Pell Grants to low-income students have been helpful in defraying college costs. However, the maximum Pell grant of $3,300 covers only one-seventh of tuition and costs at a private four-year institution, and one-third at a four-year public institution.[83]

In addition to problems in cost and financial aid, there has been a particularly disturbing trend within higher education of eliminating affirmative action admission policies. Some states have sought to replace explicit affirmative action policies with alternatives such as guaranteeing college admission to all students in the state whose high school grades are among the top percentages of their class. For example, after a Texas court, in 1996, struck down raced-based admissions aimed at increasing minority enrollment at the University of Texas, legislation was enacted to guarantee college admissions to all students who graduate from high school in the top 10 percent. California now guarantees admission to the top 4 percent, and Governor Bush of Florida recently proposed guaranteeing college admissions to the top fifth of the graduating class at each high school. These strategies are intended to eliminate the emphasis placed on standardized tests used for college admissions, which are frequently criticized as racially biased. However, there are concerns that the movement away from explicit affirmative action policies will not ensure that minority students get access to higher education, particularly to the top schools. In the first year without affirmative action policies, the University of California, Berkeley accepted 56 percent fewer Black students and 49 percent fewer Hispanic students, the least diverse class in 17 years. It would be a tremendous setback if minority student enrollment declines at a time when higher education has become even more important.

Federal Legislative Action in 1999

In 1999, Congress began considering the reauthorization of the Elementary and Secondary Education Act of 1965 (ESEA was last reauthorized in 1994). Funds from Title I are used to provide supplementary educational and related services to low-achieving students attending schools with relatively high concentrations of pupils from low-income

families. It is the largest federal elementary and secondary education assistance program.

The 1994 reauthorization amended Title I by increasing the share of funds allocated to high poverty schools, increasing local flexibility, and expanding authority to use Title I funds for school-wide improvements, rather than just services specifically targeted to the most disadvantaged students. Congress also linked Title I funds to broader reform efforts such as development of state curriculum content and pupil performance standards, and assessment and accountability measures.

In 1999, the House of Representatives began the ESEA reauthorization process by passing a series of Title I-related bills. In the fall, the House passed H.R. 2, which reauthorizes the basic $9.9 billion Title I program, by a strong bipartisan vote of 358-67. The bill includes provisions designed to improve academic achievement in disadvantaged public schools and allows students to transfer out of low-performing schools to other schools within public school systems. It also reauthorizes bilingual education programs and authorizes $3 million to address gender-based discrimination in schools. An amendment to create a $100 million voucher program was overwhelmingly defeated by a 257-166 vote.

The House also passed H.R. 2300, the so-called "Straight A's Act", which establishes a 10-state pilot federal block grant program. This bill was significantly scaled down from an original proposal that would have allowed states to convert Title I to a block grant.

The third measure passed by the House, H.R. 1995, would create annual grants for teacher training by consolidating into one program the $335 million Eisenhower Professional Development training program for teachers, the $491 million Goals 2000 grants for education improvement programs, and the Clinton Administration's plan to reduce class size to 18 and hire 100,000 new teachers over seven years.

The Senate did not take action on any ESEA reauthorization legislation in 1999, although it is expected to take up a bill in 2000. Completion of the ESEA reauthorization will be the major education focus of Congress in 2000.

Education was a major issue in negotiations over budget measures passed in 1999. President Clinton threatened to veto any appropriations bill providing funding for the Department of Education that did not include increased funding for hiring and training new teachers. Eventually, $1.4 billion was allocated to hire new teachers and to reduce class size — the second installment of the seven-year Administration initiative to finance the hiring of 100,000 new teachers. Efforts to convert this money into a block grant failed. However, agreement was reached to provide greater local flexibility by allowing certain school districts to use the funds for teacher training.

Congress also enacted an expansion of the so-called "Ed-Flex" bill. The 1999 Education Flexibility Act, signed into law by President Clinton on April 29, expands the authority of the Department of Education to grant state waivers of federal requirements in a number of federal education programs, including Title I. The original Ed-Flex legislation, in effect since 1994, was limited to 12 states. The new measure allows waivers to be granted nationwide. Schools must still comply with civil rights protections and must also prove that the use of waivers are resulting in improved academic student performance. The Ed-Flex bill also allows school districts that have already met class size requirements to use their additional funds for professional development, including teacher training.

Moving Forward: A 2000 Agenda for Action

If America's education system is to be revitalized, it must refocus on helping all children achieve at high levels. This requires a commitment to common sense steps intended to change our educational system so it is singularly focused on excellence for every child.

Setting high standards for students

All students must be encouraged to excel.

- Clear, comprehensive, and rigorous standards should apply to all schools and all students.
- Everyone — school administrators, teachers, parents, and students as well as policy makers and communities — must be held accountable for whether these standards are met.
- Instructional support and services that will enable students to master the subjects they need to know

to progress successfully through the education system must be provided.

- After-school programs, summer programs, mentoring, or other extra support must be provided to students who need help.

Setting high standards for all educators

Few students will excel when their teachers do not. Before students are held accountable, the people responsible for their learning must be.

- All teachers must have strong knowledge of their subject areas and training in how children learn.
- Teacher preparation at colleges and universities must be improved.
- Continuing professional development for our nation's teaching corps must be provided so that classroom teachers are up-to-date on the most effective approaches and techniques.
- New teachers should be mentored by more experienced, successful teachers, and struggling teachers should be coached to improve or be counseled out of the profession.
- Teachers must be adequately prepared and compensated, and held accountable for the progress of the children they are hired to teach.

Setting high standards for all schools

Those responsible for the state of our schools, including state superintendents, boards of education, local superintendents, school boards, and principals, are even higher up the accountability chain than teachers. If they do not create an environment optimally conducive to learning, educational success will be difficult to achieve.

- Schools must be held accountable for student progress.
- Schools should be recognized and rewarded when they have helped children succeed.
- Aggressive, but constructive, intervention must take place when schools fail to make progress in reaching their goals.
- Schools should be given the resources they need to help children succeed and empowered to make decisions that will help them reach that goal.

Setting high standards for parents and communities

Education does not occur in a vacuum. Whether students are prepared to succeed in school is very dependent on their parents, as their children's first and most important teachers, and on whether communities address the full range of children's developmental needs, including health care, child care, after-school activities, and support for families in poverty.

- Parents and advocates must be actively involved in monitoring school performance, staying informed about what is happening in the schools in their communities, and demanding accountability from their schools.
- All parents must accept responsibility for helping children learn, reading to them, and providing them with the support they need to succeed.
- The entire community needs to make sure that every student has the support and services he or she needs to succeed in school. This requires the coordinated efforts of health care providers, police, social service agencies, neighborhood groups, religious congregations, and the full range of voluntary organizations that work with children.
- The general public should be engaged in the school reform debate. The public needs to demand real leadership from elected officials and solid results from education reform efforts.

Setting high standards for elected officials, as well as all citizens

Elected officials largely determine the amount of funding provided to our schools and how it is allocated, as well as the regulations under which schools operate. They, and the citizens who elect them, must be held accountable for whether public schools have the resources and ability to ensure that every child achieves at a high level.

- Government, at all levels, needs to invest adequate resources in education and treat it like the priority it is if our democracy and economy are to remain vibrant in the 21st century.
- The federal government must maintain a commitment to leadership and an allocation of funds to help states and local school districts meet the needs

of children, particularly those in low-income communities where resources are scarce and needs are greatest.

- State and local officials must make sure that all public school systems have the necessary resources to help children achieve.
- Inequalities in school financing must end.
- All children should have access to the high quality early education opportunities that will enable them to enter school ready to learn and ready to succeed.
- Resources must be made available so all children who want to get a college education can do so, regardless of income.
- All schools should have access to technology and resources so that students can learn through computers and use the Internet.

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12. For nearly 30 years, the progress of student achievement in a number of areas has been tracked by the National Assessment of Educational Progress (NAEP). NAEP data show relatively few students achieve at high levels of proficiency across subject areas. The NAEP scores students at five levels of proficiency in various subject areas from reading to science. The National Education Goals Panel has set its performance standards at the two highest levels of achievement (Proficient or Advanced) on the NAEP tests.

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74. *Supra* note 71.

Children and Families in Crisis

The child welfare system in America, which had its roots in the late 1800s, has evolved enormously over the past century. In the 18th and early part of the 19th century, harm to children at the hands of their parents was largely a private matter. Family or church members sometimes stepped in, but generally there was little public attention paid to the plight of abused, neglected, or impoverished children. Some found food and shelter in almshouses for the poor or as indentured apprentices, but conditions were harsh.

To protect children from such conditions, the number of orphanages increased dramatically in the early 1800s, and by the mid-1800s, the first Children's Aid Society was created in New York City. In 1855, the Society sent children on "orphan trains" to farms in the Midwest to give them "proper moral upbringing" and help develop good work habits. At about the same time, some states began paying for children to board in private homes.

In the aftermath of the Civil War, public concerns about the plight of children grew and responses, both public and private, evolved. Public attention to child abuse, sparked by the abuse of an 8-year-old child by her guardian in New York City, led to the establishment in 1874 of the first chapter of the Society for the Prevention of Cruelty to Children modeled after the American Society for the Prevention of Cruelty to Animals. In 1889, Jane Addams founded Hull House in Chicago, and similar settlement houses took root in other communities, providing services to children and families in desperate need of assistance and helping to maintain children in their own homes. Ten years later, in 1899, the first juvenile court in the country was established in Chicago.

As the 20th century began, the importance of state responsibility and oversight for dependent children was clearly recognized. Increasing concerns about the well-being of children led to the first White House conference on children, convened in 1909, to examine the care of dependent children. The conference recommended the creation of a federal entity to investigate and report on all matters pertaining to the welfare of children. Three years later, Congress responded by establishing the federal Children's Bureau. States began to move forward as well. By 1919, all but three

states had enacted protections for children and established juvenile court systems.

At the same time, a movement to help destitute families stay together began. The 1909 White House conference adopted a recommendation that poverty alone should not be grounds for removing children from their homes. In 1911, Missouri and Illinois became the first states to enact mothers pension laws to provide public funds to help keep children with their families. Within 10 years, 40 states had enacted similar laws. In 1935, with the passage of the Social Security Act and subsequent amendments, a national commitment began to help keep children with their families through the Aid to Families with Dependent Children (AFDC) program. The Social Security Act also addressed the problems of abused, neglected, and dependent children by creating a federal–state child welfare services program, which provided funds to states to establish and strengthen child welfare services. In 1961, Congress amended the Act to provide for a new federal foster care program for children removed from "unsuitable" AFDC homes.[1]

In the 1960s and early 1970s, there was increased attention to in-home services and to more specialized foster care resources. Adoption also emerged as a service for children stuck in long-term foster care. Congress responded to renewed attention to child abuse and the "battered child syndrome" by enacting, in 1974, the federal Child Abuse Prevention and Treatment Act, which provided funds to states to strengthen state child abuse and neglect systems including mandatory reporting of child abuse and neglect. In 1980, the passage of the Adoption Assistance and Child Welfare Act significantly expanded federal protections for abused and neglected children, required states to provide necessary services to help keep families together when it was safe to do so, and provided incentives for states to facilitate the adoption of children who could not return to their families. Many states passed their own laws to conform to the 1980 Act. In 1997, Congress further strengthened the federal foster care and adoption statutes with passage of the Adoption and Safe Families Act, aimed at clarifying the importance of child safety and preventing children from languishing in foster care without permanent families.

Throughout the century, there has been considerable debate about the causes of problems facing children and the most effective remedies. Many of those debates continue today. The challenge is finding strategies that get families, communities, and the formal public and private child-serving systems working together to protect millions of children from the crises that continue to plague them. Understanding the complexities of the problems facing these children and their families is key to identifying the comprehensive approaches that will best meet their needs.

FACTS & FIGURES

- In 1997, an estimated 3 million children were reported to state child protective service agencies as suspected victims of child abuse and neglect; 984,000 of them were confirmed as victims of child abuse and neglect.
- An estimated 40 to 80 percent of the families who become child protective service cases have problems with alcohol or drugs.
- In an estimated 30 to 60 percent of families where some form of family violence takes place, both child maltreatment and domestic violence occur.
- A record 547,000 children were reported to be in foster care as of March 31, 1999—a 35 percent increase since 1990.
- In 1998, 5.4 million children lived in households headed by a relative other than a parent. Thirty-nine percent of these children—2.13 million—lived in these households with no parent present.

What Crises Face Children and Families in the Next Millennium?

Child abuse and neglect

Despite the nation's economic prosperity and reported declines in drug use and crime, there has not been a significant drop in child abuse and neglect. In 1997, an estimated 3 million children were reported to state child protective service agencies as suspected victims of child abuse or neglect and 984,000 of them were confirmed as victims of child abuse and neglect. This is a slight decrease over the previous year.[2]

The majority of these children, 55 percent, suffer from neglect, which is consistent with historical patterns. Twenty-five percent were victims of physical abuse. Twelve percent were sexually abused. Victims of psychological abuse, medical neglect, and other types of maltreatment accounted for 6 percent, 2 percent, and 11 percent respectively. Young children continue to be at greatest risk of child abuse and neglect. Infants represent the largest proportion of the victims; almost 40 percent of the victims are under age 6. Black and Native American children are over-represented among the victims at twice their proportion in the general population.[3]

In many states and communities the child welfare system is being stretched to its breaking point. It does not have the capacity to respond fully to the complex needs of troubled families. At best, agencies offer families crisis management rather than preventive services and long-term help. Nationally, only about half of the child abuse and neglect reports are even investigated and on average only about one-third of these investigations find child abuse and/or neglect. Of these abused and neglected children, only about half receive post-investigation services.[4] Too many children and families frequently do not get help, and their unmet needs spiral into lifelong problems.

Parental substance abuse

Parental substance abuse continues to be one of the top two problems facing families reported for child maltreatment, according to a 1998 state survey by Prevent Child Abuse America.[5] Children whose parents abuse drugs and alcohol are almost three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse alcohol and other drugs.[6] Experts estimate that between 40 and 80 percent of the families in the child welfare system have problems with alcohol and other drugs.[7]

Only a small portion of the 8.3 million children who live in households where one or more parents are dependent on alcohol or need treatment for illicit drug use are in the child welfare system.[8] These children usually have a special range of problems. They are generally younger than other children in the system, more likely to be the victims of severe and chronic neglect than abuse, and more likely to be from families who are suffering from other problems in addition to substance abuse. They are also more likely than other children in the system to be placed in foster care rather than receive in-home services. Once in foster care, these children tend to remain in care longer than other children.[9]

Over two-thirds of parents in the child welfare system need substance abuse treatment, but existing treatment programs meet less than one-third of the need.[10] This is tragic because there is growing evidence that treatment works for families. An evaluation of federally-supported programs that provide comprehensive treatment and services to women with substance abuse problems and their children found that six months after the families completed the program:

- 75 percent of the women no longer used alcohol or other drugs
- 81 percent of the women were not involved in the criminal justice system
- 46 percent of the women had obtained employment
- 40 percent of the women no longer depended on welfare assistance
- 65 percent of the children had been returned to their mothers from foster care
- 84 percent of the children who participated in treatment with their mothers improved their school performance[11]

Domestic violence

A significant portion of child abuse cases involves families who are also suffering from other forms of

"A New Life" Really Means It

In 1993, "Sheryl" entered drug treatment at A New Life in Philadelphia when she found out she was pregnant with her second child. Having lost custody of her first child, who was living with her grandmother, she was afraid to lose custody of her second child. She had tried treatment before but failed.

Fortunately, A New Life was different. It allowed women suffering from addiction to participate in the program with their children while both received comprehensive services.

Sheryl and her new baby moved to a mentor home where an older woman, designated as her mentor, supervised and supported them when they were not in treatment or other activities. During the day, Sheryl and the baby participated in a rigorous program at the R.W. Brown Community Center. Children receive therapeutic child care, academic tutoring, and other services, while mothers are able to receive alcohol and drug treatment and help with parenting skills.

Today, Sheryl has remained drug free for four years. She is raising both of her children, has restored relations with her own family, and has moved from transitional housing to a subsidized apartment. A recent graduate of a local community college, she is studying for a bachelor's degree in social work and received all "A's" during her first year. She still keeps in contact with her mentor family and continues to participate in the family support program at the community center, where her youngest child is still in child care.

family violence. According to University of Minnesota Professor Jeffrey Edleson, both child maltreatment and domestic violence occur in an estimated 30 to 60 percent of families where there is some form of family violence.[12] The overlapping nature of these problems underlies the importance of better coordination and collaboration between child protection agencies, domestic violence programs, and the judicial system.

There are also many more children who, although not physically abused themselves, witness violence and may need help coping with its impact. It is estimated that 3.3[13] to 10 million[14] children witness violence against their mothers each year. Many of these children suffer emotional scars, sometimes lifelong scars. The public and even many professionals in the field fail to understand the impact of domestic violence on children and a family's safety, and the need to get help for them and often for their mothers. Children who witness such violence commonly experience low self-esteem, withdrawal, self-blame, and aggression against peers and family members.[15]

Domestic violence is particularly damaging to children because it is so intense, often chronic, and occurs over a long period of time. Because it happens to those closest to the child, it leaves the child feeling alone with no one to turn to for safety or relief. Such violence teaches children damaging lessons, which are difficult to undo, about the use of violence in personal relationships.

Foster care and adoption

According to the U.S. Department of Health and Human Services (HHS), a record 547,000 children, most of whom had been abused or neglected, were reported to be in foster care as of March 31, 1999, a 35 percent increase since 1990.[16] This increase is not due to greater numbers of children being placed into foster care — this rate has actually declined — but is due to the fact that children already in foster care are staying longer. Lengthy stays in foster care increase the burden on an overloaded child welfare system.

The Multistate Foster Care Data Archive examined foster care trends between 1983 and 1997 in 11 states, which accounted for about 55 percent of children in foster care. It found that infants continue to be the largest group of children entering foster care and that they also have the longest stays.[17] The rate at which the youngest infants (0-3 months) enter foster care is

particularly startling. In urban areas in Illinois, Maryland, New York, and Ohio, in 1996 and 1997 approximately five of every 100 children in the population entered foster care shortly after birth.[18]

Although many children quickly move in and out of foster care, others stay for many years. According to HHS, the average length of stay for children in foster care is two years and nine months.[19] More than half of the children in foster care on March 31, 1998, stayed in care longer than 18 months[20] suggesting challenges for states that are working to meet the new 15-month time frames recently established by federal law. White children and children in group care are discharged at a faster pace than other children. Black children and children placed in foster care with relatives (whom some consider to be already in permanent homes) are slower to leave.[21]

Nationally, of the children in foster care who left care during the six-month period ending on March 31, 1998, the largest percentage, 27.4, were under the age of one, and the remainder broke down into similar five-year age groupings. Sixty percent of the children discharged were reunited with their parents, while 13 percent went on to live with other relatives. Twelve percent of them were adopted. Five percent reached age 18 and left foster care to live on their own, often referred to as "aging out of foster care."[22]

Children who leave and later return to foster care represent a significant proportion of foster care admissions. According to the Multistate Foster Care Data Archive, between 27 and 30 percent of children who leave after their first entry into foster care re-enter foster care within six months. Children in group care arrangements, such as group homes, experience the highest re-entry rate, followed by children in non-relative foster homes; children in foster care with relatives show the lowest level of re-entry.

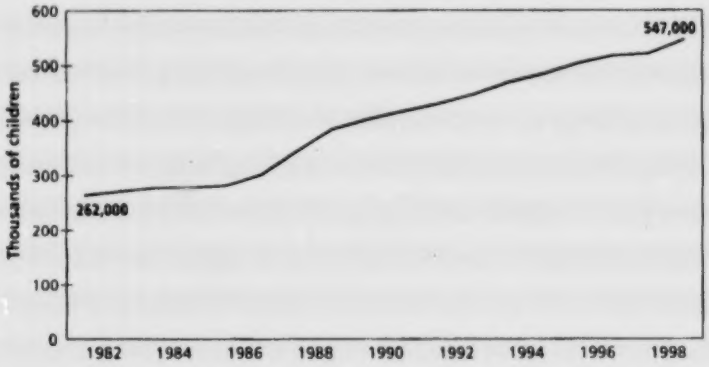
The 1997 Adoption and Safe Families Act (ASFA) increased pressure on states to move foster children to permanent homes more quickly. States must provide a permanency hearing by the time a child has been in foster care for 12 months and, with some exceptions, initiate termination of parental rights proceedings once a child has been in foster care for 15 of the most recent 22 months. A state may decide that termination should not be pursued if a child is living with a relative, if there is a compelling reason that termination is not in the child's best interest, or if services deemed necessary by the state have not been provided. ASFA created a new sense of urgency to provide children and parents the help they need up front so timely decisions about returning home and other permanency options can be made.

Family homelessness

Often, homeless children are at special risk of being removed from their families and placed in foster care, even though a number of states prohibit the separation of children from their families solely because they are homeless. In its most recent report to Congress, the U.S. Department of Education estimated that there

NUMBER OF CHILDREN IN FOSTER CARE, 1982–1999

The number of children in foster care more than doubled between 1982 and 1999, rapidly between 1986 and 1989, and steadily since then.



Sources: Voluntary Cooperative Information System (VCIS) of the American Public Human Services Association (APHSA) for data through 1996, and Adoption and Foster Care Analysis and Reporting System (AFCARS), maintained by the U.S. Department of Health and Human Services, for data for 1997–1999. The data reflect the number of children in care on a single date of each year.

were a total of about 850,000 homeless children and youths nationally, 625,330 of them school-age, and 216,391 of preschool age.[23]

The 1999 Better Homes Fund report, *Homeless Children: America's New Outcasts,* estimated that 12 percent of homeless children are placed in foster care, compared with just over 1 percent of other children. Twenty-two percent of homeless children live apart from their immediate family at some point, in foster care or with a relative. This includes 9 percent of infants and toddlers, 19 percent of 3- to 6-year-olds, and 34 percent of school-age children.[24]

Children of women prisoners

Increases in the incarceration of women have also contributed to the growth of foster care and children being raised by grandparents and other relatives. Since 1990, the number of women inmates has soared by 92 percent.[25] The Bureau of Justice Statistics noted that in 1997 an estimated 2.8 percent of all children have at least one parent who is incarcerated. About 200,000 children, or one in 359, have an incarcerated mother; more than 1.7 million, about one in 40, have an incarcerated father. Two-thirds of the women in state prisons and one-half of the women in federal prisons had young children who lived with them prior to entering prison.[26]

Substance abuse plays a particularly significant role in the incarceration rates of women. About half of women offenders in state prisons had been using alcohol, drugs, or both at the time of their offense. The number of women incarcerated for drug-related offenses doubled between 1990 and 1996.[27] There has also been a 37 percent increase in drug felonies by women between 1990 and 1996. Nearly one in three women serving time in state prisons said they had committed their offense in order to obtain money to support their drug addiction.[28]

Children whose parents have AIDS

The Orphan Project, based in New York City, reports that by the year 2000, an estimated 72,000 to 125,000 children are expected to be orphaned by AIDS in the United States, and more than 90 percent of these children will be Black or Hispanic.[29] This has obvious implications for the child welfare system. While AIDS deaths dropped sharply in the overall population between 1996 and 1997, the disease remains the fourth leading cause of death for women. For Black women in their childbearing years, AIDS ranks as the second leading cause of death, for Hispanic women, third, and for White women, eighth.[30]

While transmission of HIV/AIDS continues to plague too many parents, the rate of mother-to-child transmission is down sharply. Researchers from the Centers for Disease Control and Prevention report that the number of babies who developed AIDS after being infected with HIV before or during birth declined 43 percent between 1992 and 1996, largely because of prenatal treatment with the drug AZT.[31]

Children with serious emotional disturbances

A number of children in foster care have serious emotional disturbances. Some are there because their parents are forced to make the painful choice between keeping their children at home or relinquishing custody and placing them in state care in order to get them desperately needed treatment. Many of these children have no health insurance; many more are underinsured with minimal or no coverage for mental health care. Often, private insurance plans cover only a limited number of mental health hospitalizations and therapy visits and fail to cover intensive home-based services or residential treatment centers. These families may not qualify for Medicaid or not know that they are even eligible. In these cases, parents are often told that their only option for getting their children the treatment they need is to place them in the custody of the state. Once these children are in foster care, their parents often lose the ability to make decisions about the treatment their children receive.

According to 1999 reports by the Bazelon Center for Mental Health Law and the National Alliance for the Mentally Ill, the pressure to relinquish custody affects about one in five families of children with serious emotional disturbances[32] and occurs in at least half of states,[33] more frequently in some than in others. Twenty-three percent of parents responding to a National Alliance for the Mentally Ill survey reported that they were told they would have to relinquish custody of their children to get needed services; 20 percent said they did so to get care. This practice persists even in some of the dozen states that have passed laws specifically preventing it from happening.[34] In order to

prevent children with serious emotional disturbances from being placed in care away from their families, some states have prohibited the practice by law and other states have expanded the home- and community-based mental health services available to children and their families.

Children living with relatives without their parents present

Although grandparents and other relatives have been informally caring for children for many years, the number of relative caregivers is increasing in response to crises like those described above. Over the last decade, child welfare agencies have become increasingly reliant on relatives as the first option when a foster care placement is needed. It is estimated that states typically place 20 to 40 percent of foster children with members of their extended families. In 1997, approximately 200,000 children were in foster homes with relatives, often called kinship care, accounting for 29 percent of all foster care placements.[36] This number, however, is only a small portion of the total number of children living with relatives with no parent present. The Census Bureau reports that in 1998 there were 2.13 million children who lived in households headed by a relative with no parent present — a 51.5 percent increase since 1990.[37] Two-thirds of these were children living with a grandparent.

There are many types of kinship care arrangements. They range from informal placements in which family members take in children without payment or legal custody to formal placements in which relatives have gone through the foster care process. These relatives are licensed and compensated to care for children similar to foster parents who are not related to the children in their care.

In the cases of most children living with their relatives without a parent present, the relatives have arranged informally with the parents to care for the children without any involvement by the child welfare

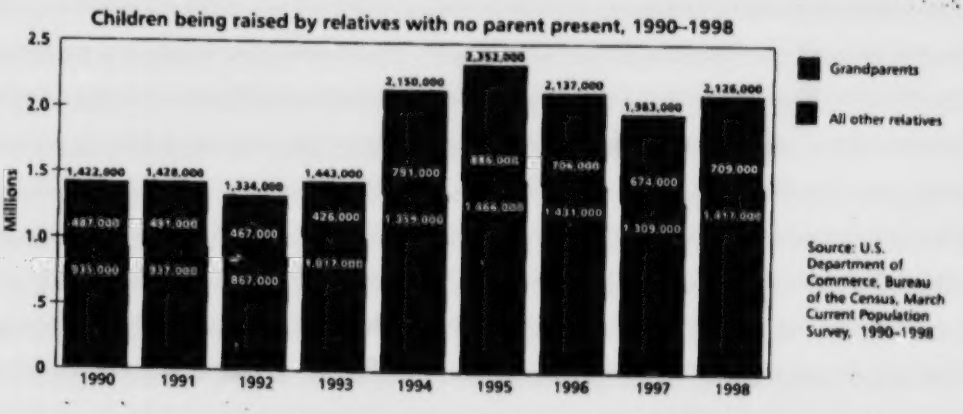
A Painful Choice

Terri's daughter, Laura, suffers from serious emotional disturbance and developmental disabilities. The only appropriate treatment facility in her area does not accept Medicaid and will only take a private payment of $99.25 per day, which she cannot afford, or a state allotment from the child welfare system.

The only way to receive this state allotment is for Terri to file a "willful neglect and abandonment" petition with the juvenile court whereby she would relinquish custody and have her daughter placed in the appropriate facility. Terri does not want to give up custody of her child. But she knows Laura needs this treatment and Terri has no other way to pay for it.[35]

CHILDREN IN RELATIVES' CARE

The number of children living with grandparents and no parent in the home grew 51.5 percent between 1990 and 1998. This is the fastest growing portion of children living with relatives.



Source: U.S. Department of Commerce, Bureau of the Census, March Current Population Survey, 1990–1998

system and without public financial assistance. Another group of relative caregivers have children informally placed with them but receive public benefits for the child (and possibly themselves) under the Temporary Assistance for Needy Families (TANF) Program or other federal programs such as the Supplemental Security Income (SSI) Program.

In the middle of the continuum there are situations where the child protection agency, which has investigated for child abuse or neglect, encourages a relative to provide a safe home for the child without agency involvement. There are also relative caregiver families that benefit from special kinship care programs established by states, many of which incorporate special licensing requirements. For example, forty states and the District of Columbia offer kin caregivers special licensing options that waive certain foster care conditions such as physical space and some training requirements, as long as it does not jeopardize the safety of the child. Eighteen of these states typically offer only a cash TANF grant, while 22 states provide the full foster care payments to kin caregivers who qualify. [38]

At the most formal end of the continuum there are relatives whose homes are licensed and in the formal foster care system. They receive the same payment as non-relative foster parents. They also adhere to the same standards and receive the same level of services to assist with the care of children who have been abused or neglected. Ten states require kin caregivers to adhere to the same licensing standards that govern non-kin foster care families.

While foster children are often better off being cared for by a relative than by a non-relative, there can also be great stresses involved in kinship care arrangements, sometimes exacerbated by state policies that do not provide the kin caregivers adequate support. On average, the kin foster caregivers are older, often grandparents, poorer, more likely to be Black, single, and less educated than their non-kin counterparts. Children in kinship care arrangements are more likely to receive public assistance and to live in a family whose income is below the poverty line than children in non-kin foster care. They are more likely to live in a family that must spend half or more of its income on rent, has difficulty getting adequate food, and does not own a car. Studies have found that child welfare caseworkers provide less information to kinship caregivers than to non-kin foster parents and that kin caregivers also receive fewer services for themselves and for the children in their care than their non-kin counterparts. [39]

Long-term harm from child abuse

A growing body of evidence confirms that childhood abuse and neglect has a lifelong impact on its victims, emphasizing the need for our society to develop new and improved approaches for protecting our young people in the years ahead.

- Forty-four percent of all women on probation, in local jails, or in state prisons had experienced physical or sexual abuse at some point in their lives, according to a December 1999 U.S. Department of Justice study, *Women Offenders*. Of these women, almost 7 out of 10 reported that the abuse had occurred when they were children. [40]
- Children who are abused or come from dysfunctional families are more likely to exhibit behaviors later in life that result in obesity, diabetes, depression, psychological distress, and other chronic diseases, which can cause death and disability, according to the 1998 Adverse Childhood Experiences Study by Southern California Permanente Medical Group. [41]
- *Homelessness: Programs and the People They Serve*, the Department of Housing and Urban Development's 1999 report on the most recent findings from the National Survey of Homeless Assistance Providers and Clients, found that 29 percent of the homeless persons interviewed reported being abused or neglected by a household member as a child. Twenty-seven percent reported that they had lived in a foster home, a group home, or other out-of-home placement as a child. [42]
- The Better Homes Fund's 1999 report on homeless children also identified placement in foster care as one of two childhood risk factors (the other being substance abuse) that predicts family homelessness. It reported that 44 percent of homeless mothers lived outside their homes at some point during childhood, and 20 percent of this group were placed in foster care. In addition, it reported that 70 percent of homeless mothers who were in foster care as children have had at least one of their own children placed in foster care. [43]

- The effects of childhood abuse, including sexual abuse, also plague women on welfare who are now struggling to work. A Better Homes Fund study found that 67 percent of homeless, longtime recipients of welfare were physically abused as a child and 43 percent were sexually abused.[44] A 1997 analysis, *Trapped in Poverty/Trapped by Abuse,* reported that most welfare recipients have experienced abuse in their past adult relationships and a high percentage are currently experiencing abuse.[45]

Finding Effective Solutions for the Future

Engaging families and communities

Given the problems facing children and families, and both the immediate and long-term harm that results — it is essential to find new ways of bringing families, communities, and a variety of health and social service agencies together to keep children safe in nurturing families and communities. No individual or institution can accomplish this alone — the problem is too large, its impact is too far-reaching, its causes are too complex, and the necessary solutions are too comprehensive. A broad-based effort involving families, neighbors, members of faith communities, teachers, health and mental health professionals, and representatives of community organizations, businesses, law enforcement, public and private agencies, and the courts is needed.

Children and families in every community need solid circles of support. Starting from the largest outer ring and moving inward, these circles must include

- Help from immediate and extended family members, neighbors, and others in the community
- Employment, child care, housing, health care, and education (including special education)
- Family support services
- Specialized services and treatment for children and families, including respite care, peer support, mental health treatment, alcohol and drug treatment, domestic violence services, and others
- Child protection services

Child protection services, including investigations, assessments, services and treatment, a range of foster care alternatives, and adoption and other permanency options, should be reserved for children who do not get sufficient supports in the outer circles and slip through to this inner circle. As children and families fall through from the circles at the top of the funnel, the intensity of the services needed increases.

By strengthening the outer circles of supports, the number of children who fall to the child protection circle should be reduced. Then we should be better able to keep these children safe, and provide them the services, supports, and permanent homes they need in a timely fashion. Other chapters discuss how to strengthen some of the supports in the outer circles, such as health care, child care, education, and employment and other income supports. In this chapter, we focus on new ways to strengthen the circles of support for those children and families who frequently require child protection services.

Across the country child welfare systems are in crisis. Many are overwhelmed and lack the expertise and capacity needed to address the individual needs of families. Child welfare agencies alone cannot keep children safe; they must partner in new ways with families, extended families, other agencies, and the broader community.

In the past year, there have been positive, promising developments across the county that begin to do just that. Although no single service or approach is sufficient by itself, these seem to share many of the following principles:

- The health and safety of children are paramount.
- The strengths of young people and their families are recognized and respected.
- Joint accountability and responsibility among all participants — families, relatives, caregivers, social service and child welfare agencies, the school system, law enforcement authorities, and others — are encouraged.
- Community stakeholders are involved at all levels.
- Trust between agency and community is valued and strengthened.
- There is an understanding that families and children have different needs requiring help from a range of community resources.

Today, in many communities, these principles are not embodied in practice. Too often the focus is on

families' problems, not their strengths. And too often, families and children are not involved in deciding how to address their needs. Both the short- and long-term safety of children may be jeopardized if steps are not taken immediately to expand activities like those discussed below and get more of them in place together in communities to ensure safety and permanence for children.

Community family support and child protection

Family support is essential to a child safety agenda. Trained professionals and community members who respect families and recognize their strengths can help families help themselves or link them to the appropriate services. This assists in preventing problems from ever occurring or keeping crises from intensifying.

Neighborhood-based family support centers often form the core of this approach. They offer birth, kinship care, foster, and adoptive families a place to share experiences and get help, sometimes from each other, in meeting their needs and those of their children. Information and referral services, peer support groups, or mentoring and tutoring programs might be all some families need, while more intensive specialized services are required by others.

These centers can provide support for families whose children have been returned from foster care to help keep their children permanently in their care. Adoptive families may require ongoing support after an adoption is finalized as they respond to their child's special needs. Centers that serve families involved with the child welfare system not only benefit the children and their parents, but also help familiarize community service providers and volunteers with the problems facing the child welfare system.

Several states are encouraging the growth of neighborhood-based family support centers. Kentucky has established family resource centers in most of its elementary schools and youth resource centers in many of its high schools. About twenty additional states, such as Vermont and Colorado, are in the process of developing statewide family support networks. Many other communities, such as Pittsburgh and St. Louis, are also finding ways to expand such centers.

Sometimes these centers seek out families in need of their services. They use trained professionals or community residents to visit families in their homes, introduce them to available services, and follow up with families' special needs. Sometimes the home visiting programs are free-standing and not affiliated with a center. Regardless, home visiting helps to engage families in the care and protection of their own children, to link them to appropriate community resources, and to recognize common problems facing families in the community.

A number of different home visiting models are used in different ways, sometimes with different families. In Missouri, the Parents as Teachers Program (PAT) has trained parent educators in all the school districts in the state. The parent educators visit homes of young children to help their parents prepare them to start school ready to learn. PAT programs are in place in nearly 2,000 additional sites in 49 states.

The Healthy Families America home visiting model uses trained paraprofessionals to visit expectant and new parents, for up to the first five years of the child's life, when families are identified as needing such services and they agree to participate. Currently, there are 320 Healthy Families programs operating across the country in 39 states. Indiana has Healthy Families in place statewide, and there are at least another handful of states, including Florida and Massachusetts, moving toward statewide implementation of this model.

The Prenatal and Early Childhood Nurse Home Visitation Program will expand significantly from its current 131 sites over the next two and a half years. This initiative, in which nurses with a bachelor degree visit women while they are pregnant and for two years after the child is born, has documented success in reducing child abuse and neglect and juvenile delinquency. For the past four years, the U.S. Department of Justice has provided funding to integrate the nurse home visitation program into its Weed and Seed sites in Clearwater, Fla., Fresno, Calif., Los Angeles, Oakland, Calif., Oklahoma City, and St. Louis, where the goal is to rebuild crime-ridden communities.

The Ohio Early Start program, serving almost 11,000 children under the age of 3, allows each of Ohio's 88 counties to decide which home visiting model to use depending on the population to be served. The program is targeted toward families whose circumstances put their young children at high risk for

developmental delay, abuse, or neglect. Original funding came from Ohio's Department of Health. With an additional infusion of TANF dollars Early Start will expand to reach all families with young children in Ohio receiving TANF.

The U.S. Departments of Justice and Health and Human Services have both developed initiatives to stimulate coordinated community responses to child abuse and neglect, and strengthen the capacity of professionals and community residents to respond appropriately to child abuse. The Justice Department's program, Safe Kids/Safe Streets, is operating in cities in five states. The overall goal of the program is to coordinate improved, comprehensive services to families who are already in the child protection and juvenile justice systems, and to implement community-wide prevention programs that involve formal and informal supports. The HHS Promoting Safe and Stable Families Program provides all states with funds to develop preventive family support services and intensive family preservation services for families in crisis, as well as other family reunification and adoption promotion activities. In many of these initiatives, neighborhood-based family support centers are at the core of service delivery. In addition, HHS' Center for Mental Health Services funds Comprehensive Community Mental Health Services for Children and their Families in 20 sites across the country to implement a range of community-based and family-focused services for children with serious emotional disturbances. This initiative helps various child-serving agencies from different systems — mental health, child welfare, education, and juvenile justice — work closely with parents to integrate services in ways in which the needs of children and their families will be served comprehensively.

Private foundations, such as the Edna McConnell Clark and the Annie E. Casey Foundations, are also supporting community-wide efforts to protect children and support families. The Clark Foundation has helped establish Community Partnerships for Protecting Children in four communities (St. Louis, Jacksonville, Fla., Cedar Rapids, Iowa, and Louisville, Ky.) to change fundamentally the way communities and child protection service agencies respond to child abuse and neglect. The goal is to make it less likely that children in the target neighborhoods will be abused or neglected and that serious injury will decrease.[46] In all the sites, neighborhood networks of people, agencies, and organizations have been established to provide neighborhood-based services. In addition to expanding informal and formal supports, efforts are also made to change child protection practice so that it focuses on family strengths and engages families in new ways.

Alternative response systems

In some states, community-based organizations and programs complement the activities of the child protection agency by being involved as part of the formal response to reports of child abuse and neglect. This allows the agency, sometimes together with law enforcement, to focus on responding, in a more timely and appropriate way, to the most serious abuse and neglect reports. Meanwhile, the less serious cases get the attention that they might otherwise never get — and from individuals and organizations that are uniquely situated to help.

Florida was one of the first states to try a multiple response approach, beginning in 1993. The goal of the approach is to make services like public health nurses, full-service schools, and other community-based activities available immediately to help families who are reported because of suspected child abuse and neglect.

Since 1993, about a dozen other states have explored various systems of community-based assessments and multiple responses for child abuse and neglect reports. For example, Missouri expanded its system statewide after an evaluation indicated that the safety of children was better safeguarded by a Family Assessment and Response Approach that had been piloted in three areas of the state.[47] This review of the family assessment approach indicated that children's safety was best safeguarded by this approach that included an immediate response, a broader understanding of the problems the family was facing, a supportive process of engaging the family in addressing its problems, and the active involvement of the community with the child welfare agency to protect children.

Arizona, too, has a pilot program in its two largest counties. Selected low-risk or potential-risk child abuse reports are referred by the child welfare agency to Family Builders providers in the communities. The providers include a range of child and family service agencies. A 1999 evaluation of the initiative reported that it helped ensure a response to all child protection

reports, engaged families who otherwise might not have received services, and provided tangible resources, such as dental care, groceries, or beds, that might have been difficult to get from the child protection agency. In any of these multi-system approaches, of course, cases are returned to the child protection agency if the referral to community providers is determined to be unsafe or inappropriate.

Family group decision-making

Recently, a growing number of public child welfare agencies have been recognizing the need to become more partner-oriented in their approach to families. Agencies are using new methods to identify families' needs, as the families see them, and community resources to help address those needs. Some form of family group decision-making, either family group conferences, family unity meetings, or a hybrid of the two, is being used in at least 100 communities in 30 states, although as yet only a handful of these states are looking at statewide expansions of these approaches. Family group conferences bring together a group of family members, friends, and others chosen by the family to plan how they can work together to ensure the child's short- and long-term safety. This usually happens early on in a case or at the point when reunification of a child with his or her family is being considered. Family group conferencing, which originated in New Zealand, provides families and those they have chosen time to come together in private to discuss and make decisions. It builds on family strengths and gives the family a sense of empowerment and ownership over the solutions to their problems.

In this country, some jurisdictions have developed variations of the New Zealand model. In Oregon, for example, the family unity model is used when a child returns to his or her family from foster care. This model differs from New Zealand's in that it does not use private family time and puts more emphasis on the facilitated group discussion of the family's strengths and needs.

In Stanislaus County, Calif., and a number of other communities, family group meetings combine features of the New Zealand and Oregon models.[48] The meeting, which is voluntary, has three stages.

First, it begins with an explanation of why the group is gathered and what the shared goal is for the meeting. Extensive preparation for the meeting ensures that all appropriate family and nonfamily members attend. Each meeting has a facilitator and co-facilitator to monitor the communication and keep the meeting on track. Facilitators clearly state at the beginning that any child abuse identified during the meeting must be reported to the proper authorities.

Second, family strengths and concerns are identified and discussed by the full family group with the help of the facilitator. Often the discussion alone serves as a useful healing tool by giving family members an opportunity to be heard and to listen.

Third, the family privately develops its plan, which must be approved by the agency and the court. Usually, the plan requires significant changes in family functioning, future meetings, and linkages with other support networks. Child welfare staff note that the family group is often much tougher on the family than the caseworker would have been.

Although family group decision meetings in Stanislaus County were first implemented for families with a report of abuse and neglect, because of perceived benefits a similar model is now being used by early childhood, juvenile justice, and education programs, grassroots community groups, and staff working with families receiving welfare.

In 1999, the American Humane Association in Colorado established the National Center on Family Group Decision-Making to help communities implement high quality programs by offering training and technical assistance and promoting program linkages.[49]

The state of Colorado has found that the early use of family group decision-making, along with concurrent planning, kinship care, and mediation, help speed the process of finding permanent living arrangements for children in foster care. When coupled with core services such as substance abuse evaluation and treatment, mental health services, and family therapy, a timely determination is made on whether reunification for the child is possible or alternative arrangements are necessary. Colorado has 28 counties now implementing the Expedited Permanency Planning (EPP) Program, which is intended to place children under the age of 6 in permanent homes within one year, if possible. The evaluation of EPP's first year showed that 85

and 86 percent of the EPP children in Boulder and Jefferson Counties, respectively, were in permanent homes within one year, in contrast with 63 and 56 percent of the control group children in the two counties.[50]

Responding to domestic violence and child abuse

Recognizing the relationship between domestic violence and child maltreatment, some states and communities are launching new initiatives that engage all relevant agencies and the community in supporting women and children who are victims of domestic violence. The 1999 guidelines of the National Council of Juvenile and Family Court Judges offer comprehensive approaches for doing so.[51] These new guidelines seek to get the child welfare system, juvenile courts, battered women's shelters, and others in the domestic violence field to focus together on helping both child and adult victims of domestic violence and child abuse when the problems occur concurrently. In several states, such as Michigan and Massachusetts, child welfare and domestic violence program staff are being trained extensively on the interrelationship between domestic violence and child abuse and the broader impacts of domestic violence on children.

In addition, some communities are paying new attention to the needs of children whose mothers go to domestic violence shelters for help – regardless of whether the child has been abused. In several rural counties in Vermont, for example, children's coordinators have been assigned to domestic violence programs to assess children's needs when they arrive at the shelters, to help parents understand the implications for their children, and to develop special support for them both in the shelters and in the broader community. The coordinators also work to educate schools and other service providers in the community about the impact of domestic violence on children.

Improving alcohol and drug treatment for parents

New attention to the links between adult alcohol and drug abuse and child maltreatment has prompted more comprehensive efforts to protect children and promote their parents' recovery. Many of these try to engage families and communities in new ways. One example of these efforts is the Family Drug Court. These courts have been established in 10 jurisdictions nationwide and are underway in at least 10 others. Modeled, in part, on drug courts used in the adult and juvenile systems, Family Drug Courts seek to increase access to alcohol and drug treatment for parents who appear in court on abuse and neglect charges, to increase pressure on parents to address their alcohol and drug problems, and to help coordinate the multiple community agencies needed to stabilize these families.

Family Drug Courts provide parents with immediate access to a range of treatment options coupled with close and continued oversight of their progress and expanded outreach on their behalf. This model of coordinated planning, monitoring, and court review to respond to families' extensive needs requires new roles for judges and other staff, and requires that existing dollars be used in new ways. Continued attention to determining the effectiveness and cost-efficiency of Family Drug Courts is essential.

There are other targeted initiatives underway to address the alcohol and drug treatment needs of families in the child welfare system. In Cuyahoga County (Cleveland), Ohio, where an estimated 75 percent of child welfare cases involve family drug abuse, Project S.T.A.R.T. (Sobriety Treatment And Recovery Teams) employs and trains Family Advocates — women who have been in recovery at least five years and often have been previously involved in the child welfare system — to work alongside social workers. Mothers in the program begin treatment within 24 hours of their first meeting with the program staff. S.T.A.R.T. staff work closely with the treatment providers and the families, monitoring the children and the mothers' progress in treatment. Child safety is the top priority. The program builds upon a parent's strengths to help achieve the goal of abstinence by using a holistic approach that meets her needs and involves her in decision-making.[52]

Other states are making linkages between staff with expertise in alcohol and drug treatment and staff in the child welfare system. Five states (Delaware, Illinois, Maryland, New Hampshire, and West Virginia) have federal waivers to use their federal foster care funds to hire alcohol and drug counselors, special family support teams, or recovery coaches to assist child protection staff and families so appropriate treatment and follow-up can be provided. This helps ensure prompt and appropriate treatment, which then speeds the

Turning the Corner

For years, "Brenda" endured severe abuse and her husband's controlling behavior. She was not allowed to finish high school, get a job, handle money, or associate with friends. Her four sons witnessed her beatings and were subject to extreme punishment by their father. They were made to stand in the cold without shoes or coats, threatened with having their pets killed, and not allowed to spend time with friends or participate in extra-curricular activities after school.

After her husband was arrested for battery, Brenda and her children fled to a domestic violence shelter in a Midwestern state. There, she attended weekly meetings for survivors of domestic violence, as well as weekly parenting meetings and life skills classes. Her 12- and 14-year-old sons participated in a teen support group to help them deal with deep feelings of guilt over their anger toward their mother and fear and rage toward their father. Each child was assigned a male mentor, to whom they responded very well. The 4- and 6-year-olds, who both had severe speech delays, got full assessments and follow-up treatment. All the boys were enrolled in the Boys' and Girls' Club, which they loved. The program's legal clinic helped Brenda get a divorce and file for custody. She got a job as a cafeteria worker and was promoted several times.

Five years later, Brenda and the children are doing remarkably well. She is still working and maintains an apartment. The older boys, who worked during high school to contribute to the family's earnings, now have high school diplomas, are working, and in good relationships. Brenda still writes often to the program staff and includes pictures of her children, which serve as a record of the family's success.

process of determining whether or not children can stay with their family.

Connecticut's Project SAFE (Substance Abuse Family Evaluation) — a partnership between the Department of Children and Families and a behavioral health organization — began in 1995. In this project, parents or guardians with substance abuse problems who are in the child welfare caseload are given priority access to drug testing, substance abuse evaluations, and outpatient treatment services. In its first four years, Project SAFE made 23,000 referrals for substance abuse evaluations. Approximately two-thirds of the families were evaluated. About 60 percent of the assessments result in treatment referrals, but only a smaller percentage of those, 35 percent, kept the treatment appointments. When the alcohol and drug and child welfare agencies examined this further, they discovered that the outpatient treatment traditionally provided was not meeting the needs of the families in the child welfare system. In Phase 2 of the project, just underway, new treatment options including residential treatment are being provided. A related pilot project, Supportive Housing for Recovering Families, offers housing and intensive care management to the families in treatment who are preparing to return to the community.[53]

"Family to Family" and shared family care

The Family to Family Program, an initiative of the Annie E. Casey Foundation, seeks to engage family and community as partners to better help children who are removed from their families and placed in foster care. Active in Alabama, Georgia, Maryland, New Mexico, Ohio, Pennsylvania, Los Angeles County, Chicago, and New York City, Family to Family helps build bridges between birth and foster families, foster and kin families, and public agencies and communities. Family to Family recruits foster families, often from the same communities where the birth families live, and trains them both to care for children and to assist their birth parent as well. It restructures and reconceptualizes foster care in order to

- Develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live.

- Direct scarce family foster home resources to children who must be removed from their homes
- Reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes)
- Increase the number and quality of foster families to meet needs
- Reunite children with their families as soon as it can safely be accomplished
- Shorten the time children must stay in out-of-home care
- Decrease the overall number of children coming into out-of-home care[54]

An initial look at Family to Family's impact across the sites found that, in all settings, fewer children entered out-of-home care and those who did were more likely to be in family foster homes or with relatives than in congregate care settings.[55] Several sites were also successful in recruiting foster parents committed to partnering with birth parents and the agency to ultimately reunite children with their families and to engage the community in this process. One of the most consistent findings was a reduction in the number of times children had to move from one living arrangement to another. Some sites improved the rate at which children are reunited with their parents; other sites saw more relatives obtain legal guardianships in order to permanently care for the children.

There are examples of "shared family care" in a handful of states, and several more states are considering the model. In shared family care programs, specially trained foster parents take both the parent and child into their home to offer assistance with the care of the child and parenting tasks.[56] This model also helps community members better understand the problems confronting families in the child welfare system and how the community can help.

Adoption

Organizations and agencies also are launching new initiatives to engage the broader community in efforts to ensure permanent adoptive families for children.

Faith-based organizations often provide a wonderful forum to increase community support for adoption. One Church, One Child, Inc. is a national program that encourages churches to inform their members about adoption, recruit them as prospective adoptive parents, and provide ongoing support, such as respite care, for parents who adopt children. There are currently 38 state chapters across the country.

Communities for Children is an ongoing adoption awareness and recruitment campaign in Arizona, which created new partnerships with corporations and other businesses, churches, and the media. Two adoption agencies in the state, Aid to Adoption of Special Kids (AASK) Arizona and Devereux La Hacienda, work with more than 450 community partners on a broad range of activities. Banks, hair salons, grocery stores, and coffee shops distribute brochures and host adoption presentations. Bookstores display bookmarks that promote adoption. Retail stores conduct toy drives for children in foster care and those moving to adoptive families. Restaurants host parties for children waiting to be adopted and prospective adoptive parents. Other businesses donate cash. Some businesses include adoption information with their pay checks, or place articles about children waiting to be adopted in their corporate newsletters.

Several foundations and adoption support organizations are conducting organized efforts to encourage employers to support adoption by providing specific benefits to employees such as information and referral services, reimbursement for adoption expenses, and paid or unpaid leave for adoption. Adoption and the Workplace is a collaborative effort of the National Adoption Center in Philadelphia, the W.K. Kellogg Foundation, and the Dave Thomas Foundation for Adoption, which promotes these employer benefits. This effort has helped more than 125 employers add or enhance adoption benefits by providing background materials and direct technical assistance.

The North American Council on Adoptable Children recommended community strategies in its *National Adoption Awareness Month Guide 1999/2000*.[57] The guide emphasizes the importance of educating congregations, schools, businesses, local governments, libraries, community centers, public utilities, social clubs, media representatives, and others about adoption and the needs of adoptive families.

Such activities are essential if the goal of the Adoption and Safe Families Act (ASFA) is to be realized. Already, ASFA has played a positive role as adoptions

of foster children increased from 28,000 in 1996 to 36,000 in 1998. This 29 percent increase moves America closer to President Clinton's goal of doubling the adoptions of children in foster care by the year 2002. Thirty-five states were awarded incentive payments for increasing the number of adoptions of foster children over an ASFA-established baseline. A dozen states increased their adoptions by more than 50 percent.[58] Congress increased the money available to finance these incentive payments from $20 million in FY 1999 to $43 million in FY 2000, although HHS cut the new funds slightly.

New evidence documents how much children benefit when they are placed with permanent families sooner and how much money this saves. A study of New York City's activities to speed up placements for children already legally free for adoption — an area that must be addressed if the ASFA goals are to be met — found that if the 1,000 children adopted through the public agency in FY 1998 had been adopted six months earlier, the city would have saved $1.7 million.[59] Many of the children in the New York study had been in the same foster families since they entered care, yet it had taken an average of 4.7 years to free them for adoption and another 2.7 years, on average, to begin formally the adoption process with the home study. When the city used adoption expediters, this latter time frame was slashed to 1.2 months.

Assistance for youths transitioning from foster care

Every year, more than 20,000 young people leave foster care after they reach age 18. They often have no permanent family to return to and are left to make it on their own. A growing number of businesses and community organizations are playing an important role in helping these young people make this transition and raising public awareness about their needs.

For example, in Maryland, United Parcel Service (UPS), with help from the Annie E. Casey Foundation, recently established the UPS Partnership for Youth in Foster Care. The partnership places youths preparing to leave foster care in part-time positions with UPS where they receive a salary and have access to full medical benefits and on-site college courses. Each young person is assigned an UPS School-to-Work mentor who helps with career and academic goals and maintains close ties with the youth to ensure success on the job. Other partners in this effort include the Maryland Department of Human Resources and several local departments of social services, Bridges to Work, The Glenarden Campus of Opportunity, and The Living Classrooms Foundation, which offers work force preparation and management training programs.

The Red Lobster restaurant chain in Oklahoma has initiated a statewide outreach program for youths transitioning from foster care. It offers annual seminars on preparing for work and mock interviews. Many of the youths end up applying for and getting jobs at the restaurants.

Some state college systems also offer special assistance for young people leaving foster care, and the list is growing. In Texas, eligible youths from the foster care system may receive free tuition at all state-operated colleges, universities, and vocational schools. Three hundred and twenty five young people used the tuition waiver in the 1997-1998 academic year — up from 73 youths in the first year. Several colleges and universities in the state also offer room and board scholarships to these young people. Texas A & M University at Commerce offers a special mentor program and a College Orientation Weekend for high school youths in foster care.

Maine enacted a new post-secondary education tuition waiver for foster children, starting in the 1999-2000 academic year. Any person who was in the custody of the Maine Department of Human Services and lived in foster care at the time the person graduated from high school or received a GED or its equivalent, may attend any state post-secondary educational institution with tuition waived, although he or she will be required to apply for federal financial assistance. Florida also has a tuition waiver for foster children, which it recently expanded to include children adopted out of foster care, in order to prevent foster care children from having to decide between a permanent family and an education.

There is also good news at the federal level. In December 1999, Congress enacted the bipartisan Foster Care Independence Act. The act was passed as a tribute to Senator John H. Chafee, a longtime champion for children, who died in 1999. It doubled funding for the newly named John H. Chafee Foster Care

A Successful Reunification

"Tricia" lived with her three sons and an abusive boyfriend in a large Midwestern county. When her 8-year-old son, "Marcus," came to school one morning with a bruised face and reported that his mom had punched him, he and his brothers were immediately removed from the home by the local child protection agency and placed in a Family to Family foster home.

The reality of losing her boys scared Tricia into leaving her boyfriend and getting help for drug and alcohol abuse. She entered a detox program. After a week, she was advised to move to a battered women's shelter where she stayed several months.

The foster parents immediately called Tricia to introduce themselves, let her know her children were together with them, and reassure her that the boys were okay. They took the children to a doctor for overdue check-ups and kept Tricia updated on the results. They took the children to visit Tricia each week at the shelter, which helped the boys know she was safe. The boys could see her getting better and working hard to have them come home again.

After several months and a series of team meetings, which included both Tricia and the foster parents, plans began for reunification. The family moved into a supervised transitional housing program designed to support newly reunified families. The family is doing well. They receive ongoing support from the agency and are still in contact with the foster parents.

Independence Program and increased opportunities to provide youths ages 18 to 21 leaving foster care with the housing and health care assistance they need. It gave states the option of extending Medicaid to this group of former foster children. The Act also recognizes the need to focus on how these people are actually doing as independent young adults. A 1999 U.S. Government Accounting Office (GAO) report identified gaps in services currently being provided to youths transitioning from foster care and the need for increased attention to the quality and effectiveness of these services.[60] The report recommended, as the new law requires, that HHS develop a uniform method of gathering data and a format for state reporting on the independent living program, as well as concrete measures for assessing the effectiveness of state programs.

Assessing results

There have been numerous calls for increased accountability for children in the child welfare system. Child welfare systems have to pay more attention to results.

In more than 30 states, courts have entered consent decrees, and occasionally orders, to stop abuses in the care children receive. Exposés about child deaths covered the front pages of newspapers in a number of major cities and have been the subject of television and radio news shows. There also have been a number of reports citing problems in state child welfare systems. Some state legislatures have proposed new management arrangements to enhance accountability. In California, for example, the Little Hoover Commission recently recommended major systemic changes in the state's child protection system.[61]

There have also been calls from the national level — both in Congress and the Administration — for more attention to results. ASFA established safety, permanence, and well-being as national goals for children in the child welfare system. To help achieve these goals, ASFA required HHS, in consultation with state agencies and other experts in the field, to identify outcome measures to assess state and national progress in reaching these goals. In August 1999, HHS issued a final list of Child Welfare Outcomes and Measures, which provides the benchmark for evaluating state progress,[62] and for an annual report card on state progress, which must be submitted to Congress.

HHS established seven performance outcomes that will be used to measure state progress, all of which

can be addressed by existing data sources. Two performance outcomes are related to abuse and neglect:

- Reducing the recurrence of child abuse and neglect
- Reducing the incidence of child abuse and neglect in foster care

The other five relate to permanence:

- Increasing permanency for children in foster care
- Reducing the time between a child's entry into foster care and his or her reunification with their original family, without increasing re-entry into the foster care system
- Reducing the time between a child's entry into foster care and his or her adoption
- Increasing placement stability
- Reducing placements of young children in group homes or institutions

The report card to Congress will rank states on each of these performance outcomes and will include detailed information about each state to ensure a context for evaluating a state's performance in each area. More work is needed to expand these outcomes, especially in the area of child well-being. In 2000, HHS will begin implementing its final child welfare oversight regulations specifying procedures for reviewing state performance with these outcomes and others.

A 1999 Urban Institute report discussed the complexity of assessing performance in the child welfare system. There are conflicting theories on the mission of the system and the capacity to track changes is often lacking. On the positive side, the report maintains that states are placing greater emphasis on creating effective management structures, measuring outcomes, and assessing performance.[63]

In the early 1990s, some saw managed care as the wave of the future for the delivery of child welfare services because of its increased emphasis on performance. Some states and a number of jurisdictions began to experiment with results-based contracts, which paid providers a flat fee per child served regardless of the number and volume of services required, with the proviso that providers would meet established performance standards. To date, however, only Kansas has implemented such a system statewide, and in the process it has had to scale back anticipated outcomes. Florida will soon implement a statewide managed care plan. Recently, the Colorado legislature gave any county interested in entering into a performance agreement with the state the authority to do so. It has conducted managed care pilot programs in several counties. Implementation of plans beyond the pilot counties can begin in June 2000.

In another dozen or so states, managed care plans have been implemented in certain counties but often only for selected populations such as adolescents with needs for high cost treatment. The complex needs of the families being served in child welfare, their need for assistance from multiple systems, the involvement of the courts in case management, and the inadequacy of data and tracking systems all add to the complexity of applying managed care to child welfare. Meanwhile, other results-based approaches are being tested.

In child welfare, much of the focus on results is still based on agency performance, looking at performance rather than actual outcomes for children. At the same time, a group of states have undertaken efforts to establish child outcomes or results that can only be achieved if the whole community gets involved. Change, in these cases, is not confined to a single agency or system, but rather to results achieved across systems through partnerships among them and others in the community.

States such as Vermont involve the community in establishing results, rate localities annually on their progress in achieving these results, and then work within communities, often through local collaboratives, to improve their results. Residents, public and private agency directors and staff, elected officials, and other concerned citizens are all involved. Community action, not just agency action, is at the core and again priority is given to engaging families and other community residents. In Vermont, progress is measured annually on 10 indicators and many more measures of change, across the state. Regionally, partnerships are formed to work toward progress on specific outcomes. In some places, results are printed on grocery bags and posted in laundromats.

Moving Forward: A 2000 Agenda for Action

Our goal for the year 2000 and beyond must be to keep children of all ages safe in nurturing, permanent families and communities. New partnerships with parents, grandparents and other relatives, foster and adoptive families, public and private agencies, community and business leaders, faith-based organizations, educators, and child and family advocates are needed to help parents protect their children and ensure that communities offer young people and their families the supports they need. Each community must build on its own strengths to ensure that circles of support are strong and intact and can significantly reduce the number of children who come to the attention of the child protection system. In the child protection system there must be prompt efforts to address the needs of the children and their families and to make timely decisions about the most appropriate permanent placements for them.

As the new century begins, all partners in a variety of sectors should take action to:

Educate the community about child abuse and neglect and strategies to prevent it. Continue to educate the public and community members, as well as multiple service providers, about the problems of child abuse and neglect and related threats to children's safety, the causes, the long-term costs, and the steps that can be taken to prevent and treat such problems.

- Call the public's attention to the long-term costs of child abuse and neglect, as evidenced by problems later in life, which include homelessness, criminal activity, domestic violence, mental health problems, chronic diseases, and problems maintaining employment.
- Work within communities to link effective violence prevention activities focused on community violence, youth violence, domestic violence, and child abuse and neglect.
- Emphasize the importance of engaging the whole community to keep children safe from family violence, including child abuse and neglect. Give examples of how everyone can get involved.

Promote community child protection strategies to keep children safe. Systemic changes are necessary to transform how children, families, and communities can better interact to meet children's needs. Across the country, child protection agencies are beginning to use new strategies to partner with families and communities. These partnerships should be expanded and combined to impact more children, families, and communities.

- Federal, state, and local governments, in partnership with foundations, should provide incentives to states and communities that are using family and community engagement strategies in the areas of child protection, family support, family group decision-making, family to family foster care, adoption or independent living to expand these strategies in other areas of the state or for other purposes.
- Child protection agencies should examine the extent to which their current practices build on the strengths of families and young people, and alter them so that they are strength-based.
- Child protection agencies and community representatives should begin a dialogue about how they can work together to keep children safe in communities, recognizing the need for both informal and formal responses to children's individual needs.
- Faith-based communities can promote community child protection strategies by opening their facilities to services for children and their parents, pairing members of their congregations (young and old) with children and families in need of assistance, sponsoring scholarships for children to participate in special recreational activities, and surveying their members about talents they have to offer children and families in their community.
- Identify collaboratives already underway in the community that can be expanded to include a community-based delivery system for services to abused and neglected children and their families.

Promote partnerships among alcohol and drug prevention and treatment and child welfare agencies. Child welfare agencies and alcohol and drug prevention and treatment agencies must work together at federal, state, and local levels, and with other service providers, the courts, community leaders, and family members, to keep children safe and address the alcohol and drug treatment needs of families who come to the attention of the child welfare system. Federal support

should be provided to these partnerships to help them jointly

- Implement a range of comprehensive individualized alcohol and drug prevention and treatment services for parents, children, and other family members
- Improve screening and assessment procedures
- Eliminate barriers to treatment and child safety and permanence
- Develop effective engagement and retention strategies
- Provide cross-system training for staff from child welfare and alcohol and drug agencies and the courts
- Improve data collection within and across these systems
- Evaluate states' progress in achieving the above goals and improving outcomes for children and families

Educate the public, policy leaders, children's services and domestic violence providers, and the courts and law enforcement about the impact of domestic violence on children. If children are to be safe there must be attention to the multiple victims of domestic violence. Making adult victims safer and stopping batterers' assaults will remove the risk to children and help create permanency for them.

- Bring together child welfare agencies, domestic violence programs, courts, and community organizations, building on the guidelines of the National Council of Juvenile and Family Court Judges, to establish responses to domestic violence and child maltreatment, when they occur concurrently, that protect all victims from physical harm, offer adequate social and economic supports for families, and offer services that are responsive to the individual needs of the families. Batterers must also be held responsible for their abusive behavior.
- Expand services and supports provided by domestic violence programs for adult victims of domestic violence and their children who witness the violence but are not themselves victims of child maltreatment.

Support grandparents and other relatives who are caring for children. More than 2 million children who cannot be raised by their parents are fortunate enough to have a relative willing and able to safely care for them, but they need help to do so.

- Provide necessary services and supports to relative caregivers who do not get financial assistance to care for children in their care (the largest group of kin caregivers), as well as those who receive help under the Temporary Assistance for Needy Families Program, to prevent these kin caregivers from having to turn to the child welfare system for help.
- Encourage teachers, child care, and health care providers, as well as faith-based community organizations, to identify what kin caregivers need to protect and nurture the children in their care, and to join with others to offer access to appropriate education, special education, health and mental health care, respite services, and peer support.
- Engage members of the private bar and legal services programs to help kin caregivers secure legal guardianship or explore subsidized guardianship or adoption, when appropriate.

Prevent parents of children with serious emotional disturbances from having to relinquish custody of their children to get them needed treatment. No parent should have to relinquish custody of a child to the state in order to get treatment that they can get no other way. Steps should be taken to:

- Encourage every state legislature to explore the extent to which parents are having to make these choices and to take steps to prevent it including expanding community-based mental health services.
- Urge elected officials and others in influential positions to consider new ways to improve health insurance coverage for these children.
- Urge the Children's Bureau and Center for Mental Health Services within HHS to review collectively the treatment of families with children who have serious emotional disturbances as states implement the Adoption and Safe Families Act, recognizing that some of these children are in foster care solely to get needed treatment.
- Ensure that resources for community-based services and treatment for children with serious emotional disturbances are being fully utilized in states and communities, including Medicaid, the Indi-

viduals with Disabilities Education Act, the Mental Health Block Grant, and the Child and Mental Health Services Grant Program.

Expand help to young people transitioning from foster care. Build on the new Foster Care Independence Act and John H. Chafee Foster Care Independence Program that assist young people leaving foster care at ages 18 and 19. Help expand new supports for these young people to address their unmet needs for health care, housing, education, employment, and personal support.

- Use the development of the Five-Year State Plan required by the new act to bring a range of partners, including young people, together to ensure that quality services with positive results are being provided to these youths leaving foster care.
- Ensure that every state takes advantage of the new federal option to extend Medicaid to youths up to age 21 who were in foster care on their 18th birthday.
- Explore state opportunities to extend free tuition at all state-operated colleges, universities, and vocational schools to youths aging out of foster care, as Texas, Florida, Maine, and several other states have already done.
- Encourage the U.S. Departments of Education and Health and Human Services, and their state counterparts, to develop a mechanism for assessing the proportion of young people who leave foster care at ages 18 or 19 with a high school diploma and steps that they could take together to provide incentives for greater attention to their educational needs.
- Encourage state child welfare and employment and training agencies to partner with businesses to provide mentors, and work force preparation and management training programs for young persons aging out of foster care.

Increase activities to achieve positive outcomes for children and families. As states and communities identify a vision for reform that will keep children safe and in nurturing families and communities it is important to establish child and family outcomes that are consistent with that vision and against which progress in achieving the vision can be measured. Take steps now to:

- Monitor your state child welfare agency's progress in meeting the performance outcomes related to child abuse and neglect and permanence that were established by HHS pursuant to the Adoption and Safe Families Act and activities that will improve performance.
- Work within your states to increase the capacity of service providers and others in the community to make the outcomes achievable and to offer states and communities appropriate incentives for achieving the outcomes.
- Convene a group within your state or community to examine steps being taken in Georgia, Vermont, Missouri and other states to establish agreed upon results for children, rate localities on their performance in achieving the outcomes, and working to improve results. Set a goal of beginning this process in at least one community in your state.

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Juvenile Justice and Youth Development

America's view of children has evolved enormously over the past 100 years. At the end of the 19th century, children as young as seven years old who were charged with criminal conduct could be tried and jailed with adults. Children also labored in factories and fields for long hours under hazardous conditions. The new century brought many changes.

In 1899, the first juvenile court was established in Cook County, Illinois, and expanded to 46 states and the District of Columbia by 1925. The juvenile court system was premised on the fact that children are different from adults. As the system evolved, it advanced several key principles: children should be treated differently from adults, rehabilitation for youthful offenders was both possible and preferable to punishment, and a community-based, comprehensive approach was the most effective way to achieve rehabilitation.

At the same time, society was drawing an appropriate dividing line between adults and children in other areas. Enactment of child labor and compulsory school attendance laws moved children out of the work force and into schools. After two statutes to regulate child labor were struck down by the Supreme Court, the Great Depression made employment of children undesirable and a prohibition against "oppressive child labor" was sustained as part of the Fair Labor Standards Act of 1938. Compulsory education laws spread through the nation filling classrooms with children. (See the Education chapter for more information.)

The juvenile court system continued to grow and expand. In addition to cases involving children who had engaged in criminal conduct, juvenile court statutes typically brought under the court's jurisdiction children who engaged in noncriminal conduct — truancy, incorrigibility, running away from home, and associating with "undesirables." Unfortunately, these so-called "status" offenders sometimes found themselves locked up and confined in juvenile institutions and, in some cases, in adult jails.

By the mid-1960s, many child advocates had become deeply concerned about the juvenile justice system and abuses within it. The promise of rehabilitation and treatment was not always realized. In a 1966 decision, *Kent v. United States*, the Supreme Court observed that there "may be grounds for concern that the child receives the worst of both worlds: that he gets neither the protections accorded to adults nor the solicitous care and regenerative treatment postulated for children."

The following year, the Court considered the case of a 15-year-old who allegedly made an obscene phone call and was committed to a state reformatory school until age 21 after a hearing that lacked essential due process elements. In *In re Gault* (1967), the Court held that "the condition of being a boy does not justify a kangaroo court" whatever the advantages of an informal process and juveniles were entitled to notice and an opportunity to be heard, the right to counsel in proceedings that might lead to commitment to an institution, and the right to confront and cross-examine witnesses.

Despite the due process revolution brought about by these Supreme Court decisions, by the early 1970s, disappointment with the juvenile justice system led to passage of the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974. This act required states, as a condition of receiving federal financial assistance, to stop incarcerating status offenders, to remove children from adult jails, and to separate children from adults in all facilities. It also called for the development of prevention programs to divert children from the juvenile justice system.

By the early 1990s, another shift emerged. In response to a sharp increase in juvenile crime in the late 1980s, states began to move away from rehabilitative approaches towards more punitive remedies. For the past several Congresses, advocates have had to fight to preserve the core protections of the 1974 law. Yet as the century ended, violence by and against children has declined. The vast majority of children involved in the juvenile justice system are nonviolent offenders. Still America remains one of few countries executing people for acts committed while they were minors.

As the nation moves into the 21st century, more attention must be focused on helping children stay out of trouble and addressing the factors that put children in harm's way and lead them into violent behavior. We must also protect children from the gunfire that takes nearly 12 young lives every day in America.

Juvenile Victims

In some ways, children are more secure today than they have been in recent years. Overall, violent crime rates have declined, making communities safer for everyone. The national crime rate has dropped by 6 percent and is the lowest it has been since 1973, according to the most recent Federal Bureau of Investigation (FBI) reports.[1] Serious violent crime is down 7 percent from 1997 and 21 percent from 1994. The number of murders in 1998 also declined 7 percent from 1997 and 30 percent from 1994. In 1998, the murder rate dropped to its lowest level in more than 30 years.

Although the number of children hurt by violent crime has declined significantly, it remains staggeringly high. According to the U.S. Department of Justice, children ages 12 to 17 were twice as likely as adults to be victims of serious violent crime and three times as likely to be victims of simple assault.[2] This study also

FACTS & FIGURES

- Nearly 12 children die each day from gunfire in America, which is one child every two hours.
- American children under age 15 are 12 times more likely to die from gunfire than children in 25 other industrialized countries combined.
- Children ages 12 to 17 are twice as likely as adults to be victims of violent crime.
- Juvenile arrests for violent crime have fallen by 19 percent since 1994.
- The average child will witness more than 100,000 acts of violence on television by the time he or she completes elementary school.
- The unemployment rate for teens is more than four times the adult rate.

found that one-third of all sexual assaults reported to law enforcement involved a child under age 12. In 36 percent of these cases, the perpetrators were strangers; in 45 percent, the violence was committed by a friend or relative.

These numbers do not tell the whole story. Crimes against juveniles continue to be seriously under-reported. Only 28 percent of violent crime against juveniles aged 12 to 17 are reported to the police. An additional 16 percent are reported to authorities other than the police, which leaves more than half of all violent crimes against children unreported and largely unknown and unaddressed.[3]

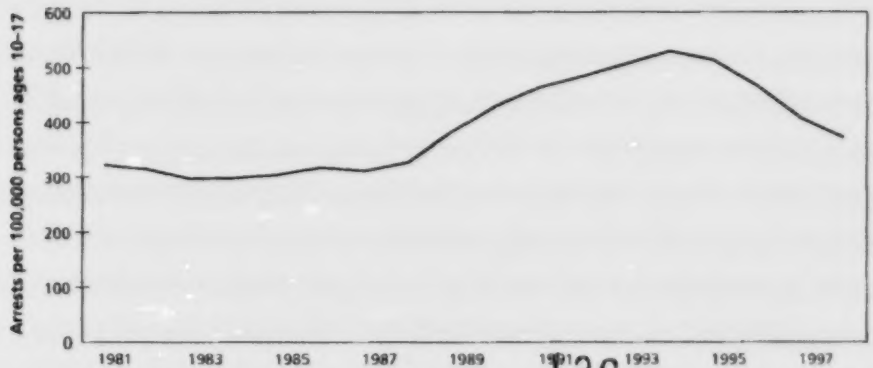
In recent years, firearms have become a deadly factor in our children's lives. Between 1987 and 1993, the number of juveniles killed with a firearm increased substantially while other types of juvenile homicide remained constant.[4] And, although the number of child gun deaths has declined over the past several years, firearms still account for more than half of the children murdered in the United States. Older children and teens are particularly affected by gun violence. In 1998, while just 16 percent of murdered juveniles under age 13 were killed with a firearm, an astounding 77 percent of murdered juveniles ages 13 to 17 were killed with a firearm.[5] Widespread availability of and easy access to firearms continues to steal young lives, destroy families, and deprive communities of the promise of the next generation.

Juvenile Offenders

Contrary to popular perception, most of the children involved in the juvenile justice system are nonviolent offenders. More than nine out of 10 children involved in the juvenile justice system are nonviolent offenders. Only about 7 percent are serious, habitual violent offenders who pose a real threat to their communities. Juveniles accounted for 17 percent of all arrests for violent crime in 1998, down 19 percent from 1994. Despite steady growth in the number of children in America since 1994, there has been a 30 percent drop in the arrest rate for violent crime by juveniles. The juvenile murder arrest rate has declined even more rapidly, dropping nearly 50 percent between 1994 and 1998, bringing it to its lowest level since 1987.[6]

The majority of juvenile crime involves property offenses: arson, burglary, car theft, and larceny. While juvenile crime is a serious problem, many of the solutions proposed by lawmakers focus exclusively on the small number of serious violent offenders. Unfortunately, this approach often has a counterproductive impact on the vast majority of nonviolent teenagers who come in contact with the juvenile justice system. Delinquent teenagers are often struggling with social, educational, or economic hardships beyond their control. What these young people need to stay out of trouble is guidance and help from adults. Abandoning these children is a waste of human capital and economic resources. A 1998 study suggests that the lifetime cost of allowing one child to drop out of high

ARRESTS FOR VIOLENT CRIME* PER 100,000 JUVENILES AGES 10–17



*Murder, rape, robbery, and aggravated assault

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *OJJDP Statistical Briefing Book*, available on the Internet at http://ojjdp.ncjrs.org/ojstatbb/, December 10, 1998, and U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Arrests, 1998* (December 1999), p. 6.

school and into a future of crime can total anywhere from $1.3 to $1.5 million.[7] The study was based on estimates of the average number and range of crimes committed by a career criminal over a 10-year period and included expenses from the criminal justice system borne by the taxpayer, productivity losses from incarceration, and costs to the victims of crime.

The challenge is to determine what leads children to make bad choices and to identify those children at high risk for delinquent or risky behavior. Many juvenile offenders have multiple problems. Research suggests that the prevalence of mental health and substance abuse disorders among youths in the juvenile justice system is much greater than for other youths.[8] Family disruption and a high frequency of family transitions such as divorce, separation, remarriage, and cohabitation are also considered risk factors for delinquency. One study found a strong connection between the number of family transitions and an increased level of delinquency and drug abuse.[9] In contrast, other research has shown that children who grow up in stable environments and are connected to their school, community, or family are much more likely to avoid risky or delinquent behavior.

A growing body of research suggests that exposure to violence during childhood and adolescence can have long-term, detrimental effects on children, increasing the risk of drug abuse, delinquency, adult criminal behavior, and emotional problems.[10] In order to better assess the impact of violence — both witnessed and experienced — on youths growing up in violent surroundings, the Project on Human Development in Chicago Neighborhoods has begun a long-range study of more than 7,000 boys and girls from 80 economically and ethnically diverse neighborhoods.[11] Comprehensive social research projects, which examine the powerful environmental influences that exist in many children's lives, will help to identify more accurately and address more effectively those factors that lead to violent behavior. The same community-based, comprehensive approach advocated by the founders of the juvenile court can serve as the framework for effective prevention efforts to keep young people from entering the system in the first place.

Another characteristic of youth violence, and perhaps the least known, is that it usually occurs in groups. This group phenomenon is most prevalent in the small number of young offenders who commit serious violent crime. According to National Crime Victimization Survey data, juveniles are twice as likely as adults to commit serious violent crime in groups. Recent statistics show that one in every two violent crimes by juveniles involved multiple offenders, while just one in five violent crimes by adults involved more than one offender.[12] Much of the violent behavior exhibited by children and teens can be directly attributed to peer pressure and a strong desire to achieve group status.

In addition to identifying the multiple risk factors that may lead a child to violence, it is critical to develop intervention strategies to help those children who have already committed serious delinquent acts. A 1998 study sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) found that in order to assist these children, programs must provide

- Early screening to identify high-risk children
- Access to early intervention services and programs, including public health, preschool enrichment, interpersonal skills training, and mental health services
- Integrated services from the juvenile justice system, mental health system, health care providers, schools, and child protection services

Overall, the study concluded that recidivism for violent offenders can be reduced by appropriate interventions, especially interpersonal skills training and cognitive behavior treatment, which help children handle their emotions and better manage their reactions to others. After-care programs, which involve close supervision and counseling services to help youths successfully re-enter their communities, were also found to be essential in keeping these children from falling back into patterns of dangerous behavior.[13] These programs provide the kind of connection needed to help children become peaceful, productive members of the community.

Juveniles in Confinement

More than 100,000 children are in detention, correctional, or shelter facilities on any given day, according to the most recent statistics.[14] Those charged with delinquency offenses constitute 93 percent of the children in custody. The remaining 7 percent include noncriminal status offenders such as runaways,

truants, or curfew violators, children who are victims of abuse and neglect, and children with mental or developmental disabilities. The vast majority of children accused of or convicted for delinquency offenses (about 76,000) were held in public facilities while some 30,000 were in private custodial facilities.

The Bureau of Justice Statistics Annual Survey of Jails, a one-day count of the total jail population, estimates that more than 9,000 youths under age 18 were held in adult jails in 1997. This represents a 12 percent increase since 1996 and a 35 percent increase since 1994. Although the majority of youths under age 18 held in adult jails were held as adults (they had been charged or convicted in an adult court), the number of those in adult jails despite being held as juveniles (under the jurisdiction of the juvenile court) rose 50 percent from 1994 to 1996, before declining 12 percent in 1997. It is not known how many of these juveniles were in adult jails because of exceptions allowed by the federal Juvenile Justice and Delinquency Prevention Act, which generally prohibits holding children in adult jails, and how many were being held in violation of the law.[15]

This is cause for much concern. According to several studies, children who are held in adult jails are eight times more likely than young people in juvenile facilities to commit suicide, five times more likely to be sexually assaulted, twice as likely to be beaten by prison staff, and 50 percent more likely to be attacked with a weapon.[16] The conditions in juvenile facilities are also a concern. The Department of Justice's 1999 report on juvenile offenders found that more than half of all public juvenile detention centers were overcrowded.[17] This contributes to increased physical and mental problems, more frequent disciplinary incidents, higher rates of assault and suicide, and decreased effectiveness of programs and services. Amnesty International issued a report in November 1998, *Betraying the Young: Human Rights Violations Against Children in the U.S. Justice System*, citing numerous cases where children were held in facilities that were seriously overcrowded and were denied mental health care and other important services.[18]

Minorities in the Juvenile Justice System

Several studies, including the Amnesty report, document the injustice in the American juvenile justice system noting that at every stage (arrest, detention, prosecution, adjudication, and transfer to adult court) racial and ethnic minority children are represented in disproportionate numbers when compared with their numbers in the community. Black youths are more than twice as likely as White youths to be held in a detention facility, even after controlling for the offense. Black youths are also held in detention facilities an average of two weeks longer than White youths for the same offenses. Nearly seven out of 10 youths in secure confinement facilities are members of minority groups, and more than 75 percent of youths newly admitted into state prisons were minorities.[19] According to a report to be released this year by the University of Utah Graduate School of Social Work, minority youths in Utah are nine to 41 times more likely than White youths to be arrested and receive harsher sentences for similar offenses.[20] In California, a study of juvenile delinquents in Los Angeles County found that minority youths arrested for violent crime were transferred to adult court two and a half times more often than White youths arrested for violent offenses. The study also found that minority youths receive harsher sentences than White youths in adult court for similar offenses.[21]

A 1988 amendment to the federal Juvenile Justice and Delinquency Prevention Act addressed the disproportionate confinement of minority youths by requiring that states determine whether the percentage of minorities in confinement exceeds their percentage in the general population and, if so, implement efforts to achieve equitable treatment. As indicated above, however, minority over-representation is not limited just to confinement in secure facilities; it also appears at every major decision point in the juvenile justice system. Many attribute this over-representation to "selection bias," a process where the justice system deals more severely with minority juveniles than with White juveniles. Recent research has shown that although bias can occur at all stages of processing within the juvenile justice system, the most pronounced disparity occurs at the beginning stages, primarily the arrest and detention decision points.[22] For example, police officers are more likely to stop and question a group of minority youths, and prosecutors are more likely to deem a minority youth's prior criminal activity as a

strong indicator of a predilection to crime than a non-minority youth's similar record.

According to the most recent reports, 46 states or territories have identified a problem with minority over-representation, and many have begun efforts to address these problems. The Office of Juvenile Justice and Delinquency Prevention provides discretionary grants to states and local entities to develop model programs to address the Disproportionate Minority Confinement (DMC) problem, and, in 1991, created a five-state DMC initiative to test different approaches. Each of the five states — Arizona, Florida, Iowa, North Carolina, and Oregon — has implemented a different approach to the problem; in each case, states have responded to minority youth over-representation throughout the stages of the juvenile justice system, not only in secure facilities. For example, Iowa developed a statewide cultural competency training program for juvenile justice personnel, and a county in Oregon provided additional counseling and mentoring services to minority juveniles to improve communication and to help these youths better negotiate the system. According to OJJDP, while the results of each of the pilot programs varied, the programs have increased understanding of the problems of DMC and the positive outcomes of these projects within each state are expected to grow over time.[23]

Last year, the Senate approved a juvenile crime bill that would undermine the DMC provision of the Juvenile Justice and Delinquency Prevention Act. The new provision would eliminate any reference to "race" and instead only require that states examine how their juvenile systems treat certain "segments of the population." Such a change fails to acknowledge the distinctly racial issue the DMC requirement was designed to address. Weakening the provision in light of continued evidence of racial bias within most state juvenile systems would effectively sanction discriminatory practices.

Girls in the Juvenile Justice System

Although girls are far less likely than boys to become involved in the juvenile justice system, the arrest rate for females age 17 and under increased 103 percent between 1981 and 1997. By contrast, arrest rates for males age 17 and under during that same period rose 27 percent. Today, just over one-fourth of all juvenile arrests involve females. Also, disproportionate minority representation is not limited to boys: approximately two-thirds of females in the juvenile justice sytem are minorities.[24]

The majority of female juvenile arrests are for nonviolent crimes. Since 1993, the greatest increases in arrests of girls were for drug abuse, running away from home, and curfew violations. The small number of girls arrested for the most serious violent crimes — homicide, robbery, and weapon offenses — almost always committed these crimes within the context of their relationships with co-defendants. Of all serious violent crime, assault is the most common by females. However, close examination of these cases reveals a large number of these incidents were incited by combative encounters with parents or other family members.

In order to address the needs of the fastest growing segment of juvenile offenders, the National Council on Crime and Delinquency recently studied girls in juvenile facilities in four California counties. The report, *Investing in Girls: A 21st Century Strategy*, analyzed nearly 1,000 case files and conducted more than 200 interviews of female inmates in county juvenile halls. A key finding, consistent with results of other similar research, confirmed that most female offenders have a history of violent victimization. Ninety-two percent of the girls in this study reported that they had been subject to some form of emotional, physical, and/or sexual abuse in the past.[25]

Although girls represent the fastest growing segment of the juvenile justice population, their unique needs are not being served. Federal, state, and local officials have begun to develop programs and strategies that focus on the particular needs of girls in the juvenile justice system. These initiatives involve a strong emphasis on family-based programs that recognize the prevalence of domestic violence and include training for law enforcement and juvenile court officials on the characteristics and needs of female offenders. This type of targeted investment is necessary if our nation is going to be successful in stopping and reversing the trend of increasing crime and delinquency among our young women.

Firearm Deaths, By Manner, Persons Under Age 20, 1979-1997 (Excludes Legal Intervention)

	Total	Homicide	Intent Suicide	Accident	Unknown
1979	3,710	1,651	1,220	726	113
1980	3,749	1,743	1,214	689	103
1981	3,589	1,660	1,213	604	112
1982	3,332	1,498	1,207	550	77
1983	2,962	1,238	1,150	504	70
1984	3,030	1,289	1,114	552	75
1985	3,169	1,322	1,256	519	72
1986	3,349	1,513	1,293	472	71
1987	3,400	1,573	1,281	467	79
1988	3,974	1,953	1,387	543	91
1989	4,384	2,367	1,380	567	70
1990	4,935	2,852	1,476	541	66
1991	5,329	3,247	1,436	551	95
1992	5,353	3,336	1,426	501	90
1993	5,715	3,625	1,460	526	104
1994	5,793	3,579	1,565	512	137
1995	5,254	3,249	1,450	440	115
1996	4,613	2,836	1,309	376	92
1997	4,205	2,562	1,262	306	75
Total	79,845	43,093	25,099	9,946	1,707

Source: National Center for Health Statistics, Division of Vital Statistics, Table 292 (unpublished). Calculations by Children's Defense Fund.

Children and Guns

In 1997, 4,205 children and teens were killed by gunfire in the United States,[26] which is one child every two hours, nearly 12 children every day, a classroom full every two days. The nation was shocked by the events in Littleton, Colorado, yet every day in America there is a Columbine that goes largely unreported. In the most recent year for which statistics are available, gun violence was responsible for 629 children not reaching high-school age (15 years old), 191 children not getting to celebrate their 10th birthday, and 84 children not even reaching age five. It is estimated that four times as many more children are wounded by gunfire each year.[27] Countless more are harmed whenever they lose a family member or friend to gun violence, or have to sleep in the bathtub for cover, or are afraid to walk to school or play outside for fear of being struck by a random bullet.

While it is encouraging that the number of child gun deaths per year has dropped below 4,500 for the first time this decade, the number remains disturbingly high. When compared with other industrialized countries, the numbers are even more staggering. According to the Centers for Disease Control, the rate of firearm deaths among children from birth through age 14 is almost 12 times higher in the United States than in 25 other industrialized countries combined.[28]

More than 60 percent of children killed by gunfire are murdered. In 1997, homicide accounted for more than 2,500 deaths among children age 19 and younger.[29] Homicide is now the third leading cause of death among children 5 to 14 years old, and the second leading cause of death among young people ages 15 to 24.[30] The Department of Justice reports that the 65 percent jump in juvenile homicides between 1987 and 1993 can be attributed almost entirely to an increase in

Black Youths and Gun Violence

Although guns kill more White children than Black children, young Black males are particularly affected by gun violence. Homicide continues to be the leading cause of death among Black males ages 15 to 24. In fact, their firearm death rate is nearly five times that of White males in the same age bracket.[31] More young Black males under age 25 are killed by gun violence every year in America than died from all the lynchings throughout American history.[32] Suicide is another disturbing trend among Black youths, with Black male youth suicide rates skyrocketing. Although many more White children than Black children commit suicide, overall rates of suicide among Black youths are up 100 percent since 1980. Firearm suicides accounted for 96 percent of this increase.[33]

child murders involving a firearm. And, although juvenile homicide rates have steadily declined since 1993, firearm homicides have remained proportionally higher than any other type of juvenile homicide.[34]

After homicide, the largest cause of youth gun deaths is suicide. Thirty percent of young people killed by guns take their own lives, an average of more than three every day.[35] Guns are used in two out of three youth suicides and, unlike other attempted methods, are the most likely to be fatal.[36] In 1997, males were almost 12 times more likely than females to commit suicide with a firearm, and White youths were more than six times more likely than Black youths to take their own lives.

Accidental shootings accounted for 7 percent of child deaths. More than 300 children died in gun accidents, almost one child every day.[37] Accidental shootings can often be prevented by simple safety measures: first and foremost, by removing guns from the home, which studies have repeatedly shown increases the family members' safety. If firearms are kept in the home, they should be stored unloaded and locked where children cannot reach them and do harm to themselves or others. Family members are at greater risk of injury or death from having a gun in the home than from being attacked by an intruder.[38]

Protect children, instead of guns

To stop our children from dying and being injured by guns, whether in a homicide, suicide, or accidental shooting, guns must be kept out of the hands of children and people who would harm children. There are nearly 200 million firearms in the hands of private citizens across America.[39] The proliferation of firearms in our homes and communities greatly increases the risk of injury and death to children.

Law enforcement officers must crack down on illegal gun dealers and middlemen to prevent people who are prohibited from owning or possessing a firearm from getting their hands on these dangerous weapons. Legislators must ban guns, such as assault weapons and junk handguns, that have no sporting purpose. Firearm laws, which require all gun purchasers to undergo a background check to ensure their record is free of a prior felony or domestic abuse that would prohibit them from buying a gun, must be vigorously enforced. Similar to automobile operation and ownership, gun owners should be licensed, and guns should be registered to ensure safe, responsible, and legal use of firearms. And parents must stop storing guns where children can gain access to them.

Guns kept in homes with children should be stored locked and unloaded. Tragically, one study demonstrated that 14 percent of parents with guns in their homes do not keep their firearms safely secured.[40] Sixteen states have passed laws to protect children from bicycle accidents by requiring helmets, yet only four states — California, Connecticut, Massachusetts, and New Jersey — have taken the lead by passing legislation that requires trigger locks be sold with all new gun purchases.

In the absence of state laws, some communities are taking it upon themselves to provide the safety measures needed to protect children. For example, in Norristown, Pennsylvania, the county commissioner and

local sheriff responded to reports that an overwhelming number of households with children had unlocked guns — almost half were kept loaded — by making trigger and gun locks available for sale at the sheriff's department. County officials sold safety devices to gun owners when they applied for concealed weapons permits and hunting licenses. In Maine, Acadia Hospital, with the support of local and state law enforcement, has given away more than 6,000 trigger locks over the past three years through its Speak Out for Kids program.

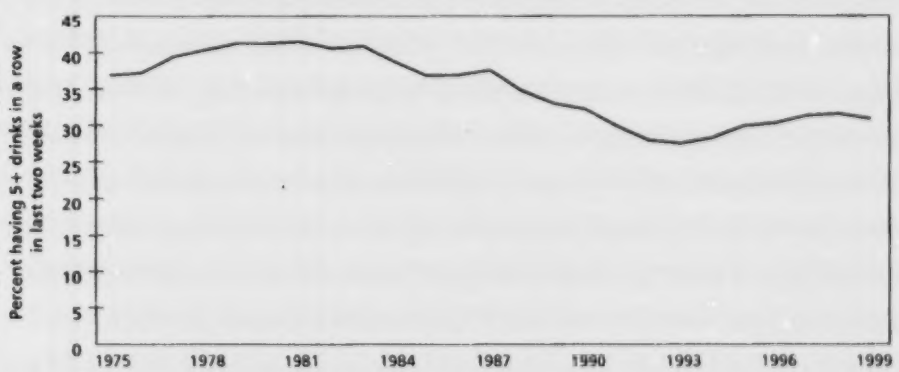
Child Firearm Access Prevention (CAP) laws permit prosecution of adults if their firearm is left unsecured and a child uses that firearm to harm himself/herself or others. Under most CAP laws, it is a misdemeanor to leave a loaded firearm where the person knows or reasonably should know that a child is likely to gain access to the firearm. The estimated number of households with guns is as high as 40 percent, and one out of every three handguns is kept loaded and unlocked.[41] Seventeen states have enacted CAP laws since 1989. Twelve of these states witnessed a 23 percent drop in accidental shootings of children between 1990 and 1994, according to a 1997 study published in the Journal of the American Medical Association.[42] Based on these findings, an estimated 216 children killed accidentally would still be alive today if CAP laws were in effect in every state.

Substance Abuse

In the past year, there have been only modest declines in teenage substance abuse. Although substance abuse rates are lower than the nation's highest peaks in 1996 and 1997, teenagers still use and experiment with drugs at disturbingly high rates. According to the University of Michigan Institute for Social Research's Monitoring the Future Study, 28.3 percent of eighth graders and 54.7 percent of twelfth graders reported that they have tried an illicit drug, with marijuana being cited most often. The report found little change in students' use of marijuana, amphetamines, hallucinogens, tranquilizers, and heroin.[43] There was an increase in the so-called "club drug" Ecstasy, or MDMA, among older teens and an insurgence in the use of anabolic steriods by boys in their early- to mid-teens. There have been, however, overall declines in crack cocaine and inhalant use.

Alcohol use has remained constant. Twenty-four percent of eighth graders, 40 percent of tenth graders, and 51 percent of twelfth graders report that they had consumed alcohol in the prior month. While most trends of alcohol use among youth have remained relatively constant, there has been an alarming increase in binge drinking — consuming five alcoholic drinks in a row within a short amount of time. Thirty-one percent of the twelfth graders, 26 percent of the tenth graders, and 15 percent of the eighth graders surveyed

BINGE DRINKING AMONG HIGH SCHOOL SENIORS, 1975–1999



Source: University of Michigan, *The Monitoring the Future Study*

said they had been binge drinking in the previous two weeks.

The good news is that cigarette smoking among teenagers is gradually declining. After numbers peaked in 1996 for eighth and tenth graders, and in 1997 for twelfth graders, the study reports a continual decline. Approximately 18 percent of eighth graders, 26 percent of tenth graders, and 35 percent of twelfth graders are currently smoking, which is defined as having one or more cigarettes in the past 30 days. Despite this decline, over one-third of teenagers are active smokers when they graduate from high school. Given nicotine's addictiveness and given the reality that virtually all adult smokers start before age 18, that means one of every three high school graduates' future health is at risk and that overall smoking rates will not come down until we get these percentages down.

While 72 percent of eighth graders and 88 percent of tenth graders believe they could get cigarettes "fairly easily" or "very easily," there have been signs of declining accessibility. The University of Michigan report attributes the decline to federal and state efforts aimed at reducing teenage smoking and the U.S. Food and Drug Administration's role in helping states monitor and fine retailers who sell tobacco products to children.

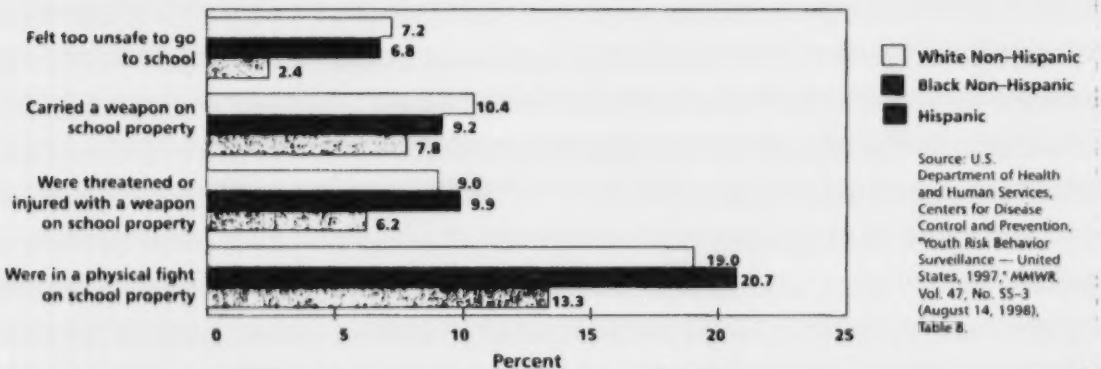
Violence in Schools

Despite the recent tragic school shootings, overall school violence rates are declining. While the shootings reinforced the need for aggressive and comprehensive strategies to keep guns out of the hands of children, these incidents are still rare occurrences. According to the 1999 Annual Report on School Safety, jointly prepared by the U.S. Departments of Education and Justice, there is less than a one in a million chance that a student will suffer a school-associated violent death.[44] In fact, schools are increasingly becoming safe havens as students are much more likely to be victims of serious violent crime away from school or going to and from school than at school.[45] The number of students found carrying weapons or engaging in physical fights on school grounds has also declined significantly. The report found that theft accounted for 61 percent of all crime against students and the majority of crimes against teachers.[46]

Although schools are witnessing a decline in violent crime, physical fights, and weapon possession, fear of school environments has increased. Between 1989 and 1995, the percentages of students who felt unsafe while they were in school and while they were traveling to and from school increased.[47] The number of public school students who reported the presence of gangs in their schools nearly doubled from 1989 to 1995. There are also some groups of students who are at greater risk of becoming victims of crime. According to the 1998 National Assessment of Educational Progress (NAEP), fourth and eighth graders were more likely to feel "very unsafe" at school than twelfth graders. Further, in the fourth grade, 9 percent of Black students and 6 percent of Hispanic students reported feeling "very unsafe," compared with 2 per-

SCHOOL SAFETY

Percentage of high school students who:



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance — United States, 1997," MMWR, Vol. 47, No. SS-3 (August 14, 1998), Table 8.

cent of White students.[48] Students in urban or suburban areas were also more likely than students in rural areas to be victims of crime at school. Away from school, urban students were more vulnerable to serious crime than suburban and rural students.[49]

Public schools have responded to violence through a widespread zero-tolerance movement that imposes automatic suspensions or expulsions for certain acts. Ninety percent of public schools reported zero-tolerance policies for firearm possession, and 79 percent had zero-tolerance policies for violence.[50] Although zero-tolerance programs are intended to create a nondiscretionary means of maintaining a secure environment for students, many education experts and child advocates share concerns that a one-size-fits-all policy without discretion may lead to expulsions for minor nonviolent infractions. Further, suspensions and expulsions typically put the student offenders on the street, where they are even more likely to get into trouble and unlikely to get the help they need to steer them in the right direction.

Another concern is that Black students are expelled or suspended from school at a disproportionately higher rate than White students. According to a study by Applied Research Center of Oakland, California, in 10 large school districts across the country, Black students were three to five times more likely than White students to be removed from school. Black students in Phoenix, Arizona, accounted for 21 percent of suspended and expelled students, while comprising only 4 percent of the student population. In contrast, White students, comprising 74 percent of the student population, received only 18 percent of the expulsions or suspensions.[51]

To date, there is no comprehensive national data on the impact of zero-tolerance policies for expulsions and suspensions. The U.S. Department of Education Office of Civil Rights' *Elementary and Secondary School Civil Rights Compliance Report* found that although Black students comprise almost 17 percent of the student population, they account for 32 percent of suspensions where students leave school grounds (as opposed to just being removed from the classroom). By contrast, White students comprise 63 percent of the school population but only 51 percent of such suspensions.

The most effective strategies for reducing violence in schools involve coordination among education, justice, social service, and mental health systems. The Safe Schools/Healthy Students Initiative, through the Departments of Education and Justice, provides funds to communities that comprehensively address the following six elements:

- Providing a safe school environment
- Establishing prevention and early intervention programs that address violence, alcohol, and other drugs
- Ensuring student access to school and community mental health preventive, treatment, and intervention services
- Creating early childhood psychosocial and emotional development programs
- Working for educational reform
- Implementing safe school policies[52]

There are several examples of effective safe school initiatives. The Los Angeles Unified School District, County Department of Mental Health, and Police Department work together on Project SECURE, which targets gaps in mental health services. The project provides psychological and family counseling to children under age 4 who were identified by early childhood service providers. Teen mothers can receive home health visits, school-age children can receive psychological services at school, and positive after-school programs are coordinated by the Police League.

In Fort Meyers, Florida, BRIDGES focuses on prevention strategies with at-risk youth. It includes an expansion of Head Start to serve pregnant mothers and children ages birth to 3. Mental health clinicians identify children with behavioral problems and help to provide services. School social workers are trained to provide multi-systemic therapy (MST) and family and community-based treatment. A school safety analyst gathers information on violent activities in schools, identifies students involved in gangs or drug use, and provides feedback to implement appropriate prevention and intervention services.

Making the Connection

The good news is that we know what helps keep young people out of trouble and on a safe path to

Violence in the Media

A typical American child spends an average of 38 hours a week — nearly five and a half hours a day — exposed to media outside of school.[53] The influence of television and the prevalence of violent images through mainstream media is cause for great concern. The explosion of the Internet has also increased children's exposure to violent images, and to alcohol and tobacco advertising.

The more children witness violence in the media, the more they may become desensitized to violence. They may act out aggressively or become fearful of living in a violent society. By the time children complete elementary school, the average child will have witnessed more than 100,000 acts of violence on TV. Children may be exposed to as many as five violent acts per hour during prime time and an average of 26 violent acts per hour during Saturday morning children's programs.[54]

Addressing this problem requires many steps. Parents should place limits on the amount of television and types of programs their children view. Citizens should demand responsible marketing and production by television producers and advertisers. Government should use its regulatory authorities to promote the elimination of violence from children's programming.

Children are also regularly exposed to cigarette and alcohol advertising on the Internet, and filtering software has not been effective in preventing access. According to the Center for Media Education (CME), a study on the six most popular screening software programs found that only one was able to block access to more than half of the promotional alcohol and tobacco Web sites.[55] The center's president said these failures were the result of "sophisticated Internet marketing techniques of alcohol and tobacco companies." These corporate Web sites provide recipes for sweet alcoholic drinks, give lessons on how to blow smoke rings, and use humor and hip language to entice young computer users onto their sites. It is no accident that the three most advertised cigarette brands are also the three most popular brands among teenagers who smoke.[56]

With images seen on TV, in the movies, and in advertisements for beer, wine, liquor, and cigarettes, children are constantly bombarded with harmful messages. Parents should monitor their children's use of the Internet by taking steps such as placing computers in family rooms, rather than a child's bedroom, to increase adult supervision and reduce exposure to violence, drugs, and alcohol.

adulthood. First and foremost, children must feel connected to parents and other adults in order to have a sense of value and purpose. Studies have shown that risky behaviors impose the greatest threats to adolescents' well-being. Teenagers who have access to guns, alcohol, tobacco, and illegal substances have an increased risk of suicide, interpersonal violence, and substance abuse.[57] By contrast, teens are less likely to have their futures cut short by risky behavior and bad choices when they are connected to their schools and families, participate in positive after-school programs, and have opportunities to get a good education. Research indicates the importance of making these connections early in a child's life. Children who receive appropriate messages and guidance from parents and adults early on in their lives are far less likely to engage in violent behavior, excessive drug and alcohol use, and sexual activity by age 18.[58]

Strong evidence suggests that engaging children in critical thinking and developing responsible decision-making processes early in their life better prepares a child when he or she is confronted with difficult choices about drugs, violence, and other risky behaviors. Research on specific interpersonal cognitive problem-solving (ICPS) skills indicates that when children learn to think critically about personal choices early on and parents are taught to use and encourage these skills, children make better choices and have stronger, healthier relationships.[59]

Adult mentoring programs are one way to provide children with the appropriate attention and guidance. An evaluation of the Department of Justice Mentoring Program (JUMP) shows that adult mentoring programs have a measurable impact on reducing youth crime. One study found that young people in mentoring programs such as Big Brothers/Big Sisters were 47 percent less likely to start using drugs, 27 percent less likely to start using alcohol, and almost 33 percent less likely to hit someone.[60] These children skipped fewer classes, recorded increased academic achievement, and demonstrated improved relationships with friends and family members. The study also found that adults often require assistance to be effective in their efforts to teach and foster nonviolent behavior in children. Family therapy and parent training about delinquent and at-risk youths has been shown to reduce aggression and hyperactivity — major risk factors for violent behavior — among children and teens.[61]

One model program that has been successful in involving parents is Families and Schools Together (FAST). Developed in Madison, Wisconsin, in 1987, FAST helps at-risk youths build relationships with adults and other youths in their homes and communities as a strategy for preventing juvenile delinquency. Working with parents and school teachers, FAST identifies children with behavioral or developmental problems as being at-risk for future delinquency and develops structured activities to engage parents and the community in the lives of their children. An evaluation of the longest running FAST program found that participating families improved family cohesiveness, at-risk children functioned better, and parents became more involved in their children's schools.[62]

Schools are also promoting peaceful solutions by incorporating conflict resolution and peer mediation techniques in the curriculum. Programs such as the peaceable schools initiatives in Boston, New York, and Washington, D.C., challenge students to adopt a philosophy of cooperation and mutual respect in order to create a nonviolent atmosphere. Community organizations are also providing similar kinds of training for youths with positive results. According to one study, Boys and Girls Clubs' programs that build self-esteem and teach nonviolence have been effective in boosting school attendance rates and overall academic performance. Clubs in public housing projects have reduced juvenile crime by 13 percent.[63]

It is important to note that making children feel more connected with adults, schools, and society is also effective for children who have already made a bad choice. Even after they have committed delinquent acts, most youths can change their behavior after receiving treatments that focus on their support systems. For example, under multi-systemic therapy, counselors develop a treatment plan that involves family, peers, and other community members in efforts to reverse anti-social behavior in juvenile delinquents. Implementation of MST in Columbia, Missouri, resulted in a 22 percent, 4-year recidivism rate for program participants who were chronic juvenile offenders, compared with an 87 percent, 4-year rate for youths who received no treatment.[64]

Despite proven results, America still puts more money into prisons than prevention programs and more emphasis on reacting to juvenile crime than on diverting children from bad behavior. We need to reverse these priorities and invest more in children before they get into trouble. Because of the efforts of community leaders, including law enforcement officials, more policy makers are understanding that prevention works. According to a recent George Mason University poll, nine out of 10 police chiefs believe that investing in prevention efforts is a cost-effective way to reduce juvenile crime.[65]

Youth Employment

More than 15 million young people between the ages of 16 and 24 are currently out of school. Ten million have only a high school degree or less. Despite the booming economy and record low levels of unemployment, less-educated workers face enormous barriers to finding good employment. In 1999, the teenage unemployment rate for youths ages 16 to 19 looking for work was nearly 14 percent compared with the adult rate, age 20 and over, of 3.4 percent. Black teenagers had a national unemployment rate of 27.9 percent, while White teenagers had a 12 percent unemployment rate.[66] Many of these unemployed youths lack work experience or skills and need programs that can help them enter the work force. Without this help, they are at greater risk of sliding into lives of poverty, crime, and hopelessness.

There is a range of programs, at the national level and in communities, designed to help these young people develop the skills they need to find jobs and make a successful transition to adulthood. These programs include

- ***Job Corps*** Established in 1964 under the Economic Opportunity Act, the Job Corps targets the most severely disadvantaged youths and provides a residential training and employment program aimed at teaching the skills they need to become employable. Annually, it serves about 65,000 young people in 119 centers nationwide.
- ***YouthBuild*** This innovative effort began in 1978 when a group of New York City teenagers wanted to revitalize their community by renovating abandoned buildings. It expanded nationwide in 1988 and, as of 1999, there were 129 YouthBuild programs operating in 43 states. YouthBuild helps unemployed young people acquire construction skills, complete a high school education, and receive leadership training while rehabilitating or constructing new housing for low-income and homeless individuals in their communities.
- ***School-to-Work*** Created in 1994, the School-to-Work Opportunities program furnishes funds to state and local partnerships to provide youths with work-based learning experiences. Some 136,000 employers participate in the program, providing work experience opportunities to nearly half a million young people.
- ***Year-Round and Summer Youth Employment Training*** The 1998 Workforce Investment Act combined into one initiative the two separate federal programs that provide funds to states for summer youth jobs and year-round youth employment programs. Local communities can use these funds to offer a broad array of services to youths during the summer and all year long.
- ***Youth Opportunity Grants*** The 1998 Workforce Investment Act also authorized a new grant program aimed at increasing the long-term employment of youths living in high poverty areas. The new program, funded at $250 million annually, provides competitive grants to local organizations working to help young people in these communities get training and find jobs.

These and other public and private initiatives, which provide greater opportunities for out-of-school youths, are important mechanisms for helping these young people enter the work force.

Unfortunately, too many young people do not have access to these programs. Resources remain limited, even for those programs that have demonstrated success. For example, efforts to increase funding for YouthBuild from $42.5 million to $75 million failed last year, despite strong support from 50 Senators and 113 members of the House of Representatives. Joblessness contributes to many problems for young people, ranging from crime and youth gangs to welfare dependency and substance abuse. One of the best prevention strategies is helping young people gain the skills they need to join the work force.

Legislative Developments

Federal initiatives

For the past 25 years, federal law has protected America's children from the dangers of adult jails. A generation ago, children — those picked up for running away and truancy — were routinely housed in adult jails. Studies in the early 1970s, including research by the Children Defense Fund published in its 1976 report, *Children in Adult Jails,* found that the problem of children in adult jails was widespread, causing some children to commit suicide and to be victims of sexual and physical assaults by adult inmates. Congress responded by enacting the Juvenile Justice and Delinquency Prevention Act (discussed earlier) to provide states with incentives to improve their juvenile justice systems. Under the Act (and subsequent renewals), states can receive funds under a formula grant as long as they meet the following four protections:

- Children must be removed from adult facilities, with some narrow exceptions such as in rural areas where alternatives are limited.
- Children who are placed in adult facilities must be separated from adult inmates by both "sight and sound."
- Children who are arrested for running away, skipping school, or other noncriminal (status) offenses are to be placed in community facilities, not jails or prisons, and never adult jails or prisons.

- If disproportionate minority confinement is found, states must address it.

Nearly every state complies with the act and receives funding. In December 1996, the U.S. Department of Justice revised its rules on implementing the act to give states, especially rural areas, more flexibility, while still holding true to the core principles of keeping children and adults apart.

For the past four years, Congress has attempted unsuccessfully to reauthorize the act, which expired in September 1996.[67] In June 1999, the House of Representatives approved reauthorizing legislation, but the bill that passed would weaken current law, turn the clock back 25 years, and again place children at risk of assault and abuse in adult jails. Lacking adequate investments in prevention programs and failing to address the problem of gun violence, the measure would have done little to reduce juvenile crime. The House of Representatives also failed to pass any legislation to strengthen gun safety laws. In fact, one proposal before the House would have weakened the current gun laws.

The Senate passed a juvenile crime bill that preserved most of the core mandates of the JJDPA, established a 25 percent funding set-aside for prevention programs, and included several basic gun safety provisions. These provisions would require background checks for all firearm sales at gun shows,[68] require trigger locks be sold with all new handgun purchases, make it a felony offense to transfer a handgun or semi-automatic weapon to a juvenile, ban the possession of semi-automatic weapons by juveniles, and ban the importation and possession of high capacity magazine clips. Despite these positive measures, the Senate bill also contained provisions that weakened other protections for children by undercutting the core protection against disproportionate minority confinement and allowing children to be placed in adult jails for unacceptably long periods of time with parental consent.

At the end of the first session of the 106th Congress, a House–Senate Conference Committee was unable to reconcile the differences between the two bills. The primary stumbling block was the gun safety provisions in the Senate bill. Although both bills represent improvements over previous measures, which would have severely gutted even more core protections, neither the House nor the Senate bill maintain the level of protection for children provided by current law nor provide adequate resources for prevention programs.

Despite the current deadlock over authorization legislation, Congress increased appropriations from $267.6 million in Fiscal Year 1999 to $269.1 million in Fiscal Year 2000 for the JJDPA and related prevention programs. Congress also appropriated $250 million for the Juvenile Accountability Incentive block grant program, which provides funds to states in 12 juvenile justice law enforcement areas including construction of juvenile detention facilities, training programs for prosecutors, and establishment of gun and drug courts for juveniles.

The issue of youth safety was critical in persuading Congress to more than double funding — from $200 million in Fiscal Year 1999 to $450 million in Fiscal Year 2000 — for the 21st Century Community Learning Centers Program, which funds after-school programs. (See the Child Care chapter for more information.) Lawmakers recognized the importance of investing adequate resources in programs that keep children occupied in productive activities during the critical hours (3:00 p.m. to 7:00 p.m.) when violent juvenile crime peaks.

Funding for the 1998 Workforce Investment Act, which includes funds for youth summer and year-round employment programs, was just over $1 billion for Fiscal Year 2000 — the same amount as Fiscal Year 1999. Congress cut school-to-work programs by more than 50 percent, and funding for the new youth employment initiative for targeted areas of high unemployment remained at $250 million for the third consecutive year. Job Corps funding received a slight increase at $1.359 billion, up from $1.309 billion (a portion of these funds are "forward-funded" into Fiscal Year 2001).

State initiatives

In recent years, most states have focused on punishing juvenile offenders rather than preventing children from going astray in the first place. Recent reports, compiled by the Office of Juvenile Justice and Delinquency Prevention, highlight state trends that allow more juveniles to be tried as adults, weaken

confidentiality protections for juvenile offenders, and shift state juvenile justice laws away from rehabilitation and towards punishment.

Between 1992 and 1997, nearly all states passed legislation making their juvenile court systems harsher on young offenders. According to the Department of Justice, 47 states passed laws making juvenile records and proceedings open to a wider variety of individuals, 45 states passed laws making it easier to transfer young offenders from the juvenile system to the adult criminal system, and 31 states gave courts greater options in sentencing juveniles.[69]

A number of states are also experimenting with "blended sentencing" options, as well as the concept of graduated sanctions. Under blended sentencing, a juvenile is given both a juvenile sentence and an adult sentence. If the youth complies with the terms of the juvenile sentence, he or she could be released; if not, he or she must then serve all or a part of the adult sentence as well. Graduated sanctions refers to the practice of imposing a punishment for every delinquent act and increasing the punishment's severity in accordance with the severity of each offense. While this may appear logical on one level, policies that impose rigid or arbitrary sentencing rules can undermine the fundamental principles of the juvenile justice system, which are intended to promote individualized treatment and rehabilitation of young offenders.

Some support for more punitive approaches is dwindling. Starting in the early 1980s, several states established military style boot camps for juvenile offenders with largely unsuccessful results. According to the U.S. Department of Justice, correctional boot camps employing military training fail to reduce recidivism when compared with the more traditional approaches of probation or parole.[70] A significant problem with the boot camp approach to rehabilitation is that it provides a disciplined, structured environment in a very limited setting. Without support services to help juveniles address the problems that brought them to the boot camp in the first place, they will be unable to transition to a positive, healthy life in a less-structured home and community. Moreover, recent investigations into some of the 50 boot camps operating around the country have also revealed widespread abuse and neglect. For example

- In Maryland, the FBI is investigating reports of abuse and assaults on two teens at one of the state's three camps. Juveniles testified that guards had thrown them through windows, stuck thumbs in their eyes, and subjected them to regular beatings.
- In Georgia, the state's juvenile justice commissioner reported to the state legislature that the boot camps operating in that state since 1994 have failed to prevent repeat offenses and are not cost-effective because more judges are placing youths in camps for minor offenses.
- In South Dakota, the death of a 14-year-old teen in a girls' boot camp has prompted state officials to re-examine the practices of its juvenile system. The young girl died of heatstroke after being forced to continue a running drill over warnings that she was not feeling well.

Moving Forward: A 2000 Agenda for Action

The decline in violent crime and the juvenile crime rate are good signs for everyone. But there are still far too many young people who end up in a juvenile justice system that has become increasingly punitive, and too many children are hurt by violence in our society, particularly gun violence. At all levels, advocates should

- **Fight for increased investment in prevention programs.** Prevention works. We need to invest more money keeping children out of trouble rather than continuing to pour dollars into building new prisons.
- **Develop after-school and summer programs to give children productive activities in their out-of-school hours.** After-school and summer programs — at schools, churches, YMCAs, and other community-based organizations — provide positive opportunities for children during the hours they are not in school and their parents are at work. Programs such as the 21st Century Community Learning Centers need to be expanded so more children can participate.
- **Provide mentoring to help youth explore and develop positive relationships.** Communities need to provide more opportunities for young people to develop solid relationships with caring adults.

If young people feel connected, they are more likely to make good choices for themselves and contribute to a healthy, safe community.

- **Provide youth employment opportunities so young people can gain confidence and hope for the future.** Job training programs help our youths get a foothold in the job market, and this, in turn, reduces the odds of involvement in crime and other risky behaviors.
- **Oppose efforts to pass regressive legislation.** Advocates and community leaders from all sectors need to tell Congress not to weaken laws that protect children from confinement in adult jails. Troubled children need positive role models as mentors, not the hardened adult criminals who would be their fellow inmates. Runaways and truants do not belong behind prison bars. Juvenile justice systems need to be given sufficient resources so that they can provide appropriate services and treatment for children who commit crimes.
- **Support common sense legislation to keep children safe from guns.** Laws to keep children safe from guns are urgently needed. No child should be able to get their hands on a gun at home or in the community. Policy makers must understand the connection between the availability of guns and violence by and against children. Our homes and communities need to be protected from gun violence.

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Appendix A
Children in the Nation: National Trends

TABLE A1

Poverty Among Children

Year	Number of Children Under 18 Who Are Poor	Child Poverty Rate	Number of Children* Under 6 Who Are Poor	Poverty Rate for Children* Under 6
1959	17,552,000	27.3%	n/a	n/a
1960	17,634,000	26.9	n/a	n/a
1961	16,909,000	25.6	n/a	n/a
1962	16,963,000	25.0	n/a	n/a
1963	16,005,000	23.1	n/a	n/a
1964	16,051,000	23.0	n/a	n/a
1965	14,676,000	21.0	n/a	n/a
1966	12,389,000	17.6	n/a	n/a
1967	11,656,000	16.6	n/a	n/a
1968	10,954,000	15.6	n/a	n/a
1969	9,691,000	14.0	3,298,000	15.3%
1970	10,440,000	15.1	3,561,000	16.6
1971	10,551,000	15.3	3,499,000	16.9
1972	10,284,000	15.1	3,276,000	16.1
1973	9,642,000	14.4	3,097,000	15.7
1974	10,156,000	15.4	3,294,000	16.9
1975	11,104,000	17.1	3,460,000	18.2
1976	10,273,000	16.0	3,270,000	17.7
1977	10,288,000	16.2	3,326,000	18.1
1978	9,931,000	15.9	3,184,000	17.2
1979	10,377,000	16.4	3,415,000	17.8
1980	11,543,000	18.3	4,030,000	20.5
1981	12,505,000	20.0	4,422,000	22.0
1982	13,647,000	21.9	4,821,000	23.3
1983	13,911,000	22.3	5,122,000	24.6
1984	13,420,000	21.5	4,938,000	23.4
1985	13,010,000	20.7	4,832,000	22.6
1986	12,876,000	20.5	4,619,000	21.6
1987	12,843,000	20.3	4,852,000	22.4
1988	12,455,000	19.5	5,032,000	22.6
1989	12,590,000	19.6	5,071,000	22.5
1990	13,431,000	20.6	5,198,000	23.0
1991	14,341,000	21.8	5,483,000	24.0
1992	15,294,000	22.3	5,781,000	25.0
1993	15,727,000	22.7	6,097,000	25.6
1994	15,289,000	21.8	5,878,000	24.5
1995	14,665,000	20.8	5,670,000	23.7
1996	14,463,000	20.5	5,333,000	22.7
1997	14,113,000	19.9	5,049,000	21.6
1998	13,467,000	18.9	4,775,000	20.6

*Related children in families.
Source: U.S. Department of Commerce, Bureau of the Census.

TABLE A2

Maternal and Infant Health

Year	Infant Mortality Rates*				Low Birth-weight**	Percent of Babies Born to Mothers Who Received Late*** or No Prenatal Care		
	Total	White	Black	Black-White Ratio		Total	White	Black
1940	47.0	43.2	72.9	1.69	n/a	n/a	n/a	n/a
1950	29.2	26.8	43.9	1.64	n/a	n/a	n/a	n/a
1959	26.4	23.2	44.8	1.93	n/a	n/a	n/a	n/a
1960	26.0	22.9	44.3	1.93	7.7%	n/a	n/a	n/a
1961	25.3	22.4	41.8	1.87	7.8	n/a	n/a	n/a
1962	25.3	22.3	42.6	1.91	8.0	n/a	n/a	n/a
1963	25.2	22.2	42.8	1.93	8.2	n/a	n/a	n/a
1964	24.8	21.6	42.3	1.96	8.2	n/a	n/a	n/a
1965	24.7	21.5	41.7	1.94	8.3	n/a	n/a	n/a
1966	23.7	20.6	40.2	1.95	8.3	n/a	n/a	n/a
1967	22.4	19.7	37.5	1.90	8.2	n/a	n/a	n/a
1968	21.8	19.2	36.2	1.89	8.2	n/a	n/a	n/a
1969	20.9	18.4	34.8	1.89	8.1	8.1%	6.3%	18.2%
1970	20.0	17.8	32.6	1.83	7.9	7.9	6.2	16.6
1971	19.1	17.1	30.3	1.77	7.7	7.2	5.8	14.6
1972	18.5	16.4	29.6	1.80	7.7	7.0	5.5	13.2
1973	17.7	15.8	28.1	1.78	7.6	6.7	5.4	12.4
1974	16.7	14.8	26.8	1.81	7.4	6.2	5.0	11.4
1975	16.1	14.2	26.2	1.85	7.4	6.0	5.0	10.5
1976	15.2	13.3	25.5	1.92	7.3	5.7	4.8	9.9
1977	14.1	12.3	23.6	1.92	7.1	5.6	4.7	9.6
1978	13.8	12.0	23.1	1.93	7.1	5.4	4.5	9.3
1979	13.1	11.4	21.8	1.91	6.9	5.1	4.3	8.9
1980	12.6	10.9	22.2	2.04	6.8	5.1	4.3	8.8
1981	11.9	10.3	20.8	2.02	6.8	5.2	4.3	9.1
1982	11.5	9.9	20.5	2.07	6.8	5.5	4.5	9.6
1983	11.2	9.6	20.0	2.08	6.8	5.6	4.6	9.7
1984	10.8	9.3	19.2	2.06	6.7	5.6	4.7	9.6
1985	10.6	9.2	19.0	2.07	6.8	5.7	4.7	10.0
1986	10.4	8.8	18.9	2.15	6.8	6.0	5.0	10.6
1987	10.1	8.5	18.8	2.21	6.9	6.1	5.0	11.1
1988	10.0	8.4	18.5	2.20	6.9	6.1	5.0	10.9
1989	9.8	8.1	18.6	2.30	7.0	6.4	5.2	11.9
1990	9.2	7.6	18.0	2.37	7.0	6.1	4.9	11.3
1991	8.9	7.3	17.6	2.41	7.1	5.8	4.7	10.7
1992	8.5	6.9	16.8	2.43	7.1	5.2	4.2	9.9
1993	8.4	6.8	16.5	2.43	7.2	4.8	3.9	9.0
1994	8.0	6.6	15.8	2.39	7.3	4.4	3.6	8.2
1995	7.6	6.3	15.1	2.40	7.3	4.2	3.5	7.6
1996	7.3	6.1	14.7	2.41	7.4	4.0	3.3	7.3
1997	7.2	6.0	14.2	2.37	7.5	3.9	3.2	7.3

*Infant deaths before the first birthday per 1,000 live births.
**Birthweight less than 2,500 grams (5 lbs., 8 oz.).
***Prenatal care begun in the last three months of pregnancy.
Source: U.S. Department of Health and Human Services, National Center for Health Statistics.
Calculations by Children's Defense Fund.

TABLE A3

Adolescent Childbearing

Year	Total Fertility Rate*	Total Unmarried Birth Rate**	Teen Fertility Rate***	Teen Unmarried Birth Rate****
1959	118.8	21.9	89.1	15.5
1960	118.0	21.6	89.1	15.3
1961	117.1	22.7	88.6	16.0
1962	112.0	21.9	81.4	14.8
1963	108.3	22.5	76.7	15.3
1964	104.7	23.0	73.1	15.9
1965	96.3	23.5	70.5	16.7
1966	90.8	23.4	70.3	17.5
1967	87.2	23.9	67.5	18.5
1968	85.2	24.4	65.6	19.7
1969	86.1	25.0	65.5	20.4
1970	87.9	26.4	68.3	22.4
1971	81.6	25.5	64.5	22.3
1972	73.1	24.8	61.7	22.8
1973	68.8	24.3	59.3	22.7
1974	67.8	23.9	57.5	23.0
1975	.0	24.5	55.6	23.9
1976	65.0	24.3	52.8	23.7
1977	66.8	25.6	52.8	25.1
1978	65.5	25.7	51.5	24.9
1979	67.2	27.2	52.3	26.4
1980	68.4	29.4	53.0	27.6
1981	67.4	29.5	52.2	27.9
1982	67.3	30.0	52.4	28.7
1983	65.8	30.3	51.4	29.5
1984	65.4	31.0	50.6	30.0
1985	66.2	32.8	51.0	31.4
1986	65.4	34.2	50.2	32.3
1987	65.7	36.0	50.6	33.8
1988	67.2	38.5	53.0	36.4
1989	69.2	41.6	57.3	40.1
1990	70.9	43.8	59.9	42.5
1991	69.6	45.2	62.1	44.8
1992	68.9	45.2	60.7	44.6
1993	67.6	45.3	59.6	44.5
1994	66.7	46.9	58.9	46.4
1995	65.6	45.1	56.8	44.4
1996	65.3	44.8	54.4	42.9
1997	65.0	44.0	52.3	42.2

*Births per 1,000 females ages 15-44.
**Births per 1,000 unmarried females ages 15-44.
***Births per 1,000 females ages 15-19.
****Births per 1,000 unmarried females ages 15-19.
Source: U.S. Department of Health and Human Services, National Center for Health Statistics.

TABLE A4

Youth Unemployment

Year	Total Unemployment Rates: All Ages	Total Unemployment Rates: Age 16-19	Total Unemployment Rates: Age 20-24	Unemployment Rates, Youths Not Enrolled in School: Less than Four Years of High School	Unemployment Rates, Youths Not Enrolled in School: High School Graduate Only	Unemployment Rates, Youths Not Enrolled in School: Four Years or More of College
1959	5.5%	14.6%	8.5%	n/a	n/a	n/a
1960	5.5	14.7	8.7	n/a	n/a	n/a
1961	6.7	16.8	10.4	n/a	n/a	n/a
1962	5.5	14.7	9.0	n/a	n/a	n/a
1963	5.7	17.2	8.8	n/a	n/a	n/a
1964	5.2	16.2	8.3	n/a	n/a	n/a
1965	4.5	14.8	6.7	n/a	n/a	n/a
1966	3.8	12.8	5.3	n/a	n/a	n/a
1967	3.8	12.9	5.7	n/a	n/a	n/a
1968	3.6	12.7	5.8	n/a	n/a	n/a
1969	3.5	12.2	5.7	n/a	n/a	n/a
1970	4.9	15.3	8.2	17.2%	9.9%	6.5%
1971	5.9	16.9	10.0	18.0	9.6	6.6
1972	5.6	16.2	9.3	16.8	9.5	7.2
1973	4.9	14.5	7.8	14.9	7.2	4.9
1974	5.6	16.0	9.1	19.2	9.8	5.0
1975	8.5	19.9	13.6	25.3	13.6	8.2
1976	7.7	19.0	12.0	24.7	12.1	7.1
1977	7.1	17.8	11.0	20.6	10.5	8.0
1978	6.1	16.4	9.6	18.8	8.8	6.3
1979	5.8	16.1	9.1	19.2	9.9	5.0
1980	7.1	17.8	11.5	25.3	12.5	5.9
1981	7.6	19.6	12.3	26.9	13.8	5.3
1982	9.7	23.2	14.9	31.8	17.3	9.2
1983	9.6	22.4	14.5	27.3	15.2	7.0
1984	7.5	18.9	11.5	25.8	11.8	5.9
1985	7.2	18.6	11.1	25.9	12.7	5.4
1986	7.0	18.3	10.7	24.3	11.5	4.8
1987	6.2	16.9	9.7	21.8	10.7	5.5
1988	5.5	15.3	8.7	20.0	10.1	4.8
1989	5.3	15.0	8.6	19.9	10.1	5.0
1990	5.5	15.5	8.8	20.0	10.4	5.2
1991	6.7	18.6	10.8	23.1	12.7	6.9
1992	7.4	20.0	11.3	24.9	13.9	6.5
1993	6.8	19.0	10.5	22.8	13.1	6.1
1994	6.1	17.6	9.7	23.1	11.9	5.5
1995	5.6	17.3	9.1	21.5	12.2	5.6
1996	5.4	16.7	9.3	22.1	12.1	5.4
1997	4.9	16.0	8.5	—	—	—
1998	4.5	14.6	7.9	—	—	—
1999	4.2	13.9	7.5	—	—	—

n/a — Data not available.
Source: U.S. Department of Labor, Bureau of Labor Statistics.

Appendix B
Children in the States

TABLE B1

Child Population and Children in Poverty

	All children, 1998		Poor children, 1996			Poor children, 1995	
	Number	Percentage of state population	Number	Percentage of children in the state	Rank	County with highest child poverty rate	Rate in county
Alabama	1,084,135	24.9%	276,459	25.3%	42	Perry County	55.3%
Alaska	192,261	31.3	29,785	15.4	19	Wade Hampton Census Area	39.4
Arizona	1,263,404	27.1	296,088	23.5	39	Apache County	46.1
Arkansas	653,721	25.8	173,406	25.8	45	Phillips County	58.5
California	8,911,372	27.3	2,285,048	25.2	41	Tulare County	37.3
Colorado	1,040,580	26.2	150,542	14.6	14	Costilla County	42.7
Connecticut	790,715	24.2	111,479	14.0	9	Hartford County	17.3
Delaware	179,071	24.1	27,614	15.3	17	Sussex County	18.1
District of Columbia	102,959	19.7	38,366	35.6	51	District of Columbia	36.8
Florida	3,539,932	23.7	782,830	22.3	36	Gadsden County	38.5
Georgia	2,022,351	26.5	469,275	23.1	37	Clay County	48.6
Hawaii	298,327	25.0	54,215	17.8	27	Hawaii County	22.1
Idaho	351,158	28.6	55,976	15.6	20	Shoshone County	31.2
Illinois	3,187,332	26.5	587,586	18.2	29	Alexander County	44.0
Indiana	1,517,366	25.7	212,639	13.7	7	Scott County	21.9
Iowa	722,139	25.2	93,868	12.7	6	Decatur County	25.3
Kansas	697,452	26.5	101,885	14.4	12	Wyandotte County	28.7
Kentucky	988,293	25.1	252,368	25.5	44	Owsley County	65.4
Louisiana	1,191,412	27.3	365,914	29.7	48	East Carroll Parish	62.0
Maine	291,585	23.4	51,373	17.1	25	Washington County	26.9
Maryland	1,287,190	25.1	184,357	14.1	11	Baltimore city	36.3
Massachusetts	1,457,703	23.7	214,928	14.6	14	Suffolk County	28.3
Michigan	2,551,615	26.0	500,364	19.3	33	Lake County	35.4
Minnesota	1,259,447	26.7	144,654	11.4	2	Mahnomen County	25.0
Mississippi	756,875	27.5	231,558	29.8	49	Holmes County	58.6
Missouri	1,406,616	25.9	270,822	19.1	32	St. Louis city	47.7
Montana	224,403	25.5	48,234	21.0	34	Glacier County	43.2
Nebraska	445,642	26.8	54,601	12.2	4	McPherson County	37.3
Nevada	467,107	26.7	63,272	14.0	9	Esmeralda County	17.4
New Hampshire	298,610	25.2	22,720	7.5	1	Coos County	11.7
New Jersey	1,990,439	24.5	278,908	13.7	7	Hudson County	26.3
New Mexico	504,210	29.0	150,032	29.2	47	Luna County	49.1
New York	4,502,611	24.8	1,164,818	25.4	43	Bronx County	48.9
North Carolina	1,919,774	25.4	354,943	18.7	30	Hyde County	40.8
North Dakota	162,611	25.5	25,580	15.3	17	Sioux County	42.7
Ohio	2,844,005	25.4	479,761	16.5	21	Scioto County	34.2
Oklahoma	879,367	26.3	222,488	24.9	40	Harmon County	52.4
Oregon	825,170	25.1	143,821	17.3	26	Josephine County	27.8
Pennsylvania	2,859,828	23.8	490,695	16.7	23	Philadelphia County	37.4
Rhode Island	237,917	24.1	43,374	17.8	27	Providence County	22.5
South Carolina	959,296	25.0	225,898	23.4	38	Allendale County	46.5
South Dakota	200,937	27.2	37,452	18.7	30	Ziebach County	61.2
Tennessee	1,331,402	24.5	287,827	21.4	35	Hancock County	47.4
Texas	5,629,200	28.5	1,470,804	26.2	46	Starr County	60.9
Utah	701,300	33.4	82,107	11.6	3	San Juan County	29.3
Vermont	141,347	23.9	21,356	14.6	14	Orleans County	21.9
Virginia	1,644,678	24.2	273,536	16.5	21	Richmond city	41.8
Washington	1,472,490	25.9	245,806	16.7	23	Yakima County	27.6
West Virginia	404,254	22.3	126,064	29.9	50	McDowell County	56.3
Wisconsin	1,351,044	25.9	166,937	12.2	4	Menominee County	38.0
Wyoming	129,406	26.9	19,044	14.4	12	Goshen County	26.8
United States	69,872,059	25.8	14,463,480	20.5		Owsley County	65.4

Sources: U.S. Department of Commerce, Bureau of the Census, at http://www.census.gov/population/estimates/state/sage9890.txt and http://www.census.gov/housing/saipe/estmod96 . Calculations by Children's Defense Fund.

TABLE B2

Number and Percentage of Children Under 18 Who Are Poor, Based on 1989 Income

	All Races		White		Black		Hispanic*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alabama	253,636	24.2%	89,959	12.9%	160,510	47.5%	1,829	23.4%
Alaska	19,284	11.4	8,864	7.4	1,086	14.5	809	12.2
Arizona	212,001	22.0	104,283	14.9	12,813	35.7	89,883	34.9
Arkansas	155,399	25.3	82,932	17.7	70,023	52.0	2,290	31.9
California	1,380,275	18.2	591,097	12.7	195,563	30.7	713,980	27.2
Colorado	129,565	15.3	88,222	12.2	13,677	33.8	48,497	32.7
Connecticut	79,020	10.7	36,963	6.1	23,591	28.9	30,002	41.2
Delaware	19,256	12.0	7,543	6.3	10,600	30.8	1,297	25.0
District of Columbia	28,610	25.5	799	4.9	26,339	29.1	1,677	26.3
Florida	525,446	18.7	252,793	12.0	243,435	41.0	93,288	24.6
Georgia	343,068	20.1	108,825	9.9	227,207	40.0	7,163	24.0
Hawaii	31,944	11.6	8,306	9.9	969	11.7	5,296	17.8
Idaho	49,159	16.2	41,528	14.7	281	22.5	7,705	35.4
Illinois	495,505	17.0	204,276	9.7	233,506	43.3	80,047	25.0
Indiana	203,791	14.2	141,319	11.2	55,984	40.1	7,627	21.8
Iowa	101,661	14.3	89,059	13.1	8,241	50.6	3,253	26.7
Kansas	93,066	14.3	65,528	11.5	18,665	40.3	8,233	23.5
Kentucky	234,012	24.8	193,614	22.7	38,193	47.0	1,803	26.2
Louisiana	380,942	31.4	112,404	15.4	259,228	56.5	5,908	23.3
Maine	41,897	13.8	40,429	13.6	440	25.9	435	16.2
Maryland	128,523	11.3	46,164	6.1	77,002	23.2	4,165	12.3
Massachusetts	176,221	13.2	105,129	9.2	29,547	33.3	49,645	49.1
Michigan	450,426	18.6	239,263	12.4	188,405	46.2	22,103	30.2
Minnesota	146,386	12.7	102,624	9.7	17,394	49.5	6,486	30.7
Mississippi	248,705	33.6	59,138	14.9	186,212	55.6	1,471	30.9
Missouri	230,058	17.7	152,757	13.9	71,928	41.5	4,246	20.3
Montana	44,706	20.5	33,458	17.1	221	31.1	1,874	36.0
Nebraska	58,474	13.8	44,420	11.4	8,761	43.2	3,861	27.9
Nevada	38,232	13.3	22,893	9.9	8,358	33.5	8,491	21.5
New Hampshire	20,440	7.4	19,295	7.2	351	15.3	705	16.4
New Jersey	200,726	11.3	84,110	6.4	81,788	27.8	59,531	27.8
New Mexico	122,260	27.8	67,615	22.1	3,542	35.0	70,158	35.0
New York	799,531	19.1	342,541	11.9	274,947	34.1	269,703	41.9
North Carolina	272,923	17.2	102,034	9.3	158,007	35.9	5,047	24.2
North Dakota	29,732	17.1	23,031	14.4	204	15.1	623	27.5
Ohio	493,206	17.8	315,714	13.4	163,131	45.4	15,910	32.0
Oklahoma	179,283	21.7	105,173	16.6	34,475	44.5	11,950	35.8
Oregon	111,629	15.8	91,249	14.2	5,489	36.3	14,285	33.8
Pennsylvania	432,227	15.7	270,941	11.5	124,859	40.6	38,374	46.7
Rhode Island	30,842	13.8	20,274	10.4	4,425	35.9	6,356	41.3
South Carolina	190,873	21.0	52,430	9.5	136,563	39.6	1,635	19.0
South Dakota	39,896	20.4	25,008	14.7	327	26.7	663	27.8
Tennessee	251,529	21.0	142,418	15.2	106,024	43.0	2,400	24.1
Texas	1,159,710	24.3	612,724	18.3	254,287	39.3	638,905	40.2
Utah	78,041	12.5	64,755	11.1	1,290	34.7	9,213	26.8
Vermont	17,020	12.0	16,435	11.9	211	24.9	143	11.8
Virginia	197,382	13.3	88,370	8.1	102,862	30.9	5,147	11.9
Washington	179,272	14.5	124,632	11.9	14,548	30.5	27,381	34.0
West Virginia	115,073	26.2	106,458	25.4	7,887	50.2	814	34.3
Wisconsin	188,863	14.9	110,939	9.9	53,392	55.8	12,435	33.7
Wyoming	19,190	14.4	15,532	12.6	340	31.5	2,724	28.1
United States	11,428,916	18.3	5,876,267	12.5	3,717,128	39.8	2,407,466	32.2

Note: New data on child poverty by race for the states will be produced from the 2000 Census; these data will probably be available in 2002.

*Persons of Hispanic origin can be of any race.

	Native American		Asian/Pacific Islander		Other	
	Number	Percent	Number	Percent	Number	Percent
Alabama	1,519	24.6%	1,166	19.0%	482	28.0%
Alaska	8,621	25.7	500	8.3	213	12.6
Arizona	44,607	53.1	2,204	14.9	48,094	38.2
Arkansas	1,053	26.1	648	17.5	743	34.7
California	17,982	26.5	155,493	19.6	420,140	30.2
Colorado	3,008	35.4	3,130	17.6	21,528	36.8
Connecticut	313	21.4	917	6.6	17,236	47.1
Delaware	80	21.5	149	6.6	884	30.0
District of Columbia	55	35.7	232	16.0	1,185	31.6
Florida	2,541	26.1	5,194	12.9	21,483	31.5
Georgia	938	25.0	2,465	11.5	3,633	29.7
Hawaii	408	25.2	21,327	12.1	934	16.5
Idaho	2,056	40.5	567	20.6	4,727	40.9
Illinois	1,422	23.9	7,640	9.4	48,661	27.8
Indiana	1,132	30.2	1,124	11.6	4,232	27.8
Iowa	1,160	43.4	1,898	23.5	1,303	28.4
Kansas	1,932	26.8	2,203	22.2	4,738	26.6
Kentucky	681	41.8	867	16.5	657	26.2
Louisiana	3,166	46.9	4,414	34.0	1,730	30.3
Maine	583	28.3	326	13.6	119	19.0
Maryland	661	18.5	2,820	7.6	1,876	14.3
Massachusetts	1,309	35.3	9,330	24.1	30,906	51.9
Michigan	6,147	32.5	4,891	14.6	11,720	35.9
Minnesota	10,459	54.8	12,638	37.1	3,271	37.5
Mississippi	1,429	45.6	1,657	39.7	269	32.5
Missouri	1,483	26.2	1,984	17.7	1,906	25.0
Montana	10,238	53.4	224	17.6	565	43.3
Nebraska	2,795	57.0	724	17.9	1,774	31.8
Nevada	1,745	29.8	1,040	10.9	4,196	25.0
New Hampshire	119	25.6	370	13.4	305	22.6
New Jersey	886	26.2	4,622	5.9	29,320	33.0
New Mexico	26,643	50.1	797	18.4	23,663	36.0
New York	4,800	29.6	25,021	14.9	152,222	47.6
North Carolina	7,820	29.9	2,344	16.4	2,718	31.2
North Dakota	6,179	58.3	148	16.8	170	22.6
Ohio	1,588	30.4	3,557	14.1	9,216	39.3
Oklahoma	31,977	34.8	1,427	15.8	6,231	40.4
Oregon	4,288	32.3	3,752	19.2	6,851	37.2
Pennsylvania	1,128	31.1	8,354	20.7	26,945	54.7
Rhode Island	440	39.5	2,043	34.0	3,660	42.5
South Carolina	599	27.4	715	12.1	566	21.6
South Dakota	14,160	63.3	195	17.0	206	26.2
Tennessee	906	30.8	1,438	15.7	743	25.8
Texas	4,501	25.6	14,518	15.6	273,680	40.6
Utah	4,893	47.3	2,281	19.8	4,822	33.5
Vermont	251	36.3	70	7.3	53	20.2
Virginia	666	19.0	3,377	7.8	2,107	13.5
Washington	10,228	37.7	12,594	20.0	17,270	39.8
West Virginia	337	44.6	193	8.5	198	32.1
Wisconsin	6,505	46.1	10,819	48.8	7,208	42.5
Wyoming	1,966	49.0	84	10.0	1,268	35.2
United States	260,403	38.8	346,491	17.1	1,228,627	35.5

Source: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3.
Calculations by Children's Defense Fund.

TABLE B3

AFDC/TANF Benefit Levels* and Participation

	Maximum monthly benefit for a three-person family**						Number of welfare (AFDC/TANF) recipients		
	July 1970 maximum		January 1998 maximum						
	Actual dollars	Inflation-adjusted value in 1998	Actual dollars	As a percentage of poverty guideline	1998 state rank**	Percentage change 1970–1998	August 1996	June 1999	Percentage change
Alabama	$ 65	$ 269	$164	14.4%	50	-39.1%	100,662	45,472	-54.8%
Alaska	328	1,359	923	64.9	1	-32.1	35,544	25,393	-28.6
Arizona	138	572	347	30.5	33	-39.3	169,442	87,894	-48.1
Arkansas	89	369	204	17.9	45	-44.7	56,343	29,350	-47.9
California	186	771	565	49.7	8	-26.7	2,581,948	1,735,103	-32.8
Colorado	193	800	356	31.3	30	-55.5	95,788	35,469	-63.0
Connecticut	283	1,173	636	55.9	6	-45.8	159,246	83,458	-47.6
Delaware	160	663	338	29.7	35	-49.0	23,654	15,599	-34.1
District of Columbia	195	808	379	33.3	26	-53.1	69,292	46,840	-32.4
Florida	114	472	303	26.6	36	-35.9	533,801	173,341	-67.5
Georgia	107	443	280	24.6	40	-36.8	330,302	130,210	-60.6
Hawaii	226	936	712	54.4	2	-24.0	66,482	44,229	-33.5
Idaho	211	874	276	24.3	41	-68.4	21,780	4,365	-80.0
Illinois	232	961	377	33.1	27	-60.8	642,644	344,320	-46.4
Indiana	120	497	288	25.3	39	-42.1	142,604	108,986	-23.6
Iowa	201	833	426	37.5	19	-48.9	86,146	57,356	-33.4
Kansas	222	920	429	37.7	18	-53.4	63,783	32,532	-49.0
Kentucky	147	609	262	23.0	43	-57.0	172,193	93,444	-45.7
Louisiana	88	365	190	16.7	47	-47.9	228,115	100,577	-55.9
Maine	135	559	418	36.7	23	-25.3	53,873	35,313	-34.5
Maryland	162	671	388	34.1	25	-42.2	194,127	89,003	-54.2
Massachusetts	268	1,110	579	50.9	7	-47.9	226,030	123,933	-45.2
Michigan	219	907	489	43.0	14	-46.1	502,354	244,621	-51.3
Minnesota	256	1,061	532	46.8	12	-49.8	169,744	135,202	-20.3
Mississippi	56	232	120	10.5	51	-48.3	123,828	33,853	-72.7
Missouri	104	431	292	25.7	37	-32.2	222,820	125,981	-43.5
Montana	202	837	450	39.6	16	-46.2	29,130	14,079	-51.7
Nebraska	171	709	364	32.0	28	-48.6	38,592	32,228	-16.5
Nevada	121	501	348	30.6	32	-30.6	34,261	18,308	-46.6
New Hampshire	262	1,086	550	48.4	10	-49.3	22,937	15,416	-32.8
New Jersey	302	1,251	424	37.3	21	-66.1	275,637	159,721	-42.1
New Mexico	149	617	389	34.2	24	-37.0	99,661	77,896	-21.8
New York	279	1,156	703	61.8	3	-39.2	1,143,962	795,030	-30.5
North Carolina	145	601	272	23.9	42	-54.7	267,326	124,432	-53.5
North Dakota	213	883	490	43.1	13	-44.5	13,146	8,227	-37.4
Ohio	161	667	362	31.8	29	-45.7	549,312	258,773	-52.9
Oklahoma	152	630	292	25.7	37	-53.6	96,201	50,910	-47.1
Oregon	184	762	460	40.4	15	-39.7	78,419	44,565	-43.2
Pennsylvania	265	1,098	421	37.0	22	-61.7	531,059	304,451	-42.7
Rhode Island	229	949	554	48.7	9	-41.6	56,560	49,897	-11.8
South Carolina	85	352	201	17.7	46	-42.9	114,273	40,293	-64.7
South Dakota	264	1,094	430	37.8	17	-60.7	15,896	7,625	-52.0
Tennessee	112	464	185	16.3	49	-60.1	254,818	147,137	-42.3
Texas	148	613	188	16.5	48	-69.3	649,018	288,525	-55.5
Utah	175	725	426	37.5	19	-41.3	39,073	28,909	-26.0
Vermont	267	1,106	656	57.7	5	-40.7	24,331	17,585	-27.7
Virginia	225	932	354	31.1	31	-62.0	152,845	83,733	-45.2
Washington	258	1,069	546	48.0	11	-48.9	268,927	164,323	-38.9
West Virginia	114	472	253	22.2	44	-46.4	89,039	31,032	-65.1
Wisconsin	184	762	673	59.2	4	-11.7	148,888	27,140	-81.8
Wyoming	213	883	340	29.9	34	-61.5	11,398	1,621	-85.8
United States***	184	762	379	33.3		-50.3	12,241,489	6,773,700	-43.9

Note: Data are the most recent available at press time. Some states have subsequently changed their benefit levels.

* Where benefits vary by program status (in Michigan, Massachusetts, and Wisconsin), highest is used. Michigan benefit level is for Wayne County; New York benefit level is for New York City.

** States are ranked by maximum monthly benefit, highest to lowest.

*** Median for benefits; total for enrollment.

Sources: U.S. Congress, Congressional Research Service; U.S. Department of Health and Human Services, Office of Family Assistance, at http://www.acf.dhhs.gov/news/stats/aug-sep.htm , downloaded February 10, 2000. Calculations by Children's Defense Fund.

TABLE B4

Number of Children Receiving Food Stamps, FY 1989 – FY 1998

	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	Change FY 94–98
Alabama	203,627	233,235	262,315	270,687	287,848	280,653	280,624	272,852	240,164	213,856	-23.8%
Alaska	13,852	13,718	15,248	19,669	23,974	24,710	24,014	27,040	25,818	21,174	-14.3
Arizona	142,460	167,762	217,238	256,159	268,442	280,587	283,945	232,584	219,511	172,725	-38.4
Arkansas	103,406	110,277	125,340	133,326	141,257	134,327	133,214	136,400	124,699	122,532	-8.8
California	1,130,068	1,241,125	1,481,548	1,699,067	1,931,912	2,206,228	2,034,964	2,042,452	1,808,206	1,632,732	-26.0
Colorado	108,030	112,473	132,190	149,987	147,542	142,831	126,410	124,324	111,697	91,549	-35.9
Connecticut	62,617	74,757	97,769	109,609	117,334	123,647	128,280	106,599	106,247	99,040	-19.9
Delaware	15,639	17,504	22,295	27,143	31,113	28,661	28,332	29,055	27,687	22,470	-21.6
District of Columbia	29,772	34,682	40,214	47,998	48,102	52,408	52,046	48,037	49,659	42,636	-18.6
Florida	319,164	389,332	534,866	743,403	789,136	748,014	720,299	715,204	599,745	488,252	-34.7
Georgia	247,169	248,064	349,291	394,684	417,471	415,623	420,557	421,552	367,958	359,535	-13.5
Hawaii	39,780	38,188	41,156	43,304	49,655	56,673	61,288	53,460	62,782	62,500	10.3
Idaho	29,783	27,704	33,547	37,316	42,125	43,834	41,338	40,204	36,438	32,829	-25.1
Illinois	480,701	489,525	571,382	536,341	612,143	546,825	580,765	545,320	527,842	483,494	-11.6
Indiana	139,258	149,436	200,686	246,967	256,511	254,607	219,319	187,689	160,436	156,017	-38.7
Iowa	80,704	83,162	89,240	100,367	96,760	96,003	93,444	83,807	78,263	64,964	-32.3
Kansas	60,856	64,773	82,603	89,736	92,965	89,723	99,333	87,377	76,244	52,906	-41.0
Kentucky	190,408	202,494	238,812	250,845	240,572	228,424	224,438	212,572	203,339	177,054	-22.5
Louisiana	356,575	355,061	404,590	444,442	410,456	403,454	384,383	361,890	298,224	287,417	-28.8
Maine	38,077	40,194	55,340	61,159	61,468	59,146	53,185	50,452	51,194	42,956	-27.4
Maryland	127,879	138,195	159,357	187,701	197,531	206,048	205,898	200,308	185,917	170,221	-17.4
Massachusetts	153,172	166,908	206,493	239,137	229,016	240,069	231,599	189,908	180,825	166,369	-30.7
Michigan	445,279	463,569	498,853	506,478	513,005	539,922	490,394	459,916	426,683	403,802	-25.2
Minnesota	120,559	118,285	141,010	158,632	171,796	175,763	162,594	151,678	121,036	108,118	-38.5
Mississippi	224,555	229,689	249,470	256,369	273,355	252,405	250,003	219,635	188,372	173,749	-31.2
Missouri	192,188	198,896	246,979	286,819	291,197	295,224	292,320	276,270	241,018	208,711	-29.3
Montana	26,322	26,735	28,465	30,836	33,600	35,654	34,659	36,525	32,588	29,656	-16.8
Nebraska	45,161	44,604	50,647	54,874	61,100	62,558	53,612	52,190	50,751	47,383	-24.3
Nevada	19,408	23,733	32,997	46,163	54,651	45,887	56,256	51,706	44,357	37,374	-18.6
New Hampshire	9,273	12,723	20,306	25,910	29,209	30,016	27,939	26,533	21,528	20,897	-30.4
New Jersey	191,648	215,221	244,014	263,472	267,689	290,707	283,908	282,080	249,283	217,987	-25.0
New Mexico	75,537	80,341	90,280	119,115	131,698	126,461	125,955	124,878	109,901	95,344	-24.6
New York	722,389	776,078	887,010	915,006	964,858	1,094,408	950,229	964,670	892,519	815,697	-25.5
North Carolina	177,509	195,549	245,744	300,372	323,552	313,632	300,695	304,069	276,226	264,079	-15.8
North Dakota	18,890	19,305	22,503	22,445	23,694	22,968	19,014	17,127	18,987	16,183	-29.5
Ohio	492,247	526,888	606,867	642,334	611,112	598,321	575,344	488,346	403,912	336,209	-43.8
Oklahoma	123,659	122,202	151,905	167,524	179,726	190,671	186,490	163,297	156,927	140,944	-26.1
Oregon	90,838	87,647	112,716	126,057	137,388	134,838	139,942	130,552	111,515	101,037	-25.1
Pennsylvania	441,560	448,201	500,527	555,539	556,377	544,571	536,023	512,940	470,616	420,440	-22.8
Rhode Island	29,370	33,514	41,574	46,181	49,045	51,496	50,195	47,928	45,531	41,638	-19.1
South Carolina	137,577	155,603	171,328	186,473	213,828	205,812	198,663	190,077	181,325	175,631	-14.7
South Dakota	25,213	26,144	28,813	27,999	31,562	24,734	28,243	24,439	24,783	24,592	-0.6
Tennessee	230,158	238,858	286,479	321,614	364,193	347,335	315,220	283,747	272,011	261,115	-24.8
Texas	846,306	984,543	1,144,204	1,301,887	1,421,597	1,406,259	1,406,181	1,319,826	1,191,255	924,283	-34.3
Utah	52,402	54,943	64,696	69,740	74,253	68,105	64,602	57,942	55,329	52,885	-22.3
Vermont	14,362	16,567	19,982	29,196	25,386	29,579	29,262	27,325	21,276	19,418	-34.4
Virginia	148,798	166,735	195,617	230,539	261,125	275,223	276,811	260,750	231,941	206,730	-24.9
Washington	153,771	175,628	202,310	219,280	229,855	231,318	248,692	246,788	206,101	178,875	-22.7
West Virginia	111,043	106,862	117,673	142,017	207,751	135,908	123,361	123,220	114,398	110,049	-19.0
Wisconsin	175,538	165,499	171,155	188,910	181,409	181,645	186,263	158,857	129,698	110,175	-39.3
Wyoming	14,572	13,996	16,302	17,938	18,512	16,868	18,739	17,260	14,746	12,749	-24.4
United States	9,429,127	10,127,129	11,951,940	13,348,769	14,195,859	14,390,783	13,859,204	13,189,657	11,847,508	10,518,978	-26.9

Source: U.S. Department of Agriculture, Food and Consumer Service. Calculations by Children's Defense Fund.

TABLE B5

Number of Children Participating in Child Nutrition Programs, FY 1999

	Supplemental Food Program for Women, Infants, and Children (WIC)				School Lunch Program*	School Breakfast Program	Child and Adult Care Food Program (CACFP)	Summer Food Program
	Women	Infants	Children	Total				
Alabama	27,387	36,553	51,057	114,997	541,384	148,510	37,364	44,141
Alaska	5,116	5,711	15,371	26,198	48,752	8,643	7,411	116
Arizona	35,576	38,698	68,564	142,839	440,103	133,393	50,462	23,319
Arkansas	22,295	23,045	37,543	82,882	310,773	120,123	24,234	9,953
California	288,599	281,292	659,604	1,229,495	2,556,192	841,341	290,372	185,693
Colorado	19,118	20,255	35,427	74,801	319,327	54,054	41,118	19,859
Connecticut	11,726	15,982	30,592	58,299	258,330	50,108	21,230	28,635
Delaware	3,332	4,523	7,405	15,260	70,425	16,813	12,230	10,007
District of Columbia	3,871	4,735	7,875	16,480	47,183	17,953	3,097	21,660
Florida	74,306	94,237	168,924	337,467	1,306,541	404,571	99,164	194,749
Georgia	58,977	61,787	103,262	224,026	1,052,170	364,839	95,945	69,686
Hawaii	8,022	8,332	17,783	34,137	145,915	38,252	8,436	6,419
Idaho	7,505	7,594	16,444	31,543	141,609	25,924	6,548	4,081
Illinois	53,960	73,522	113,585	241,067	1,043,209	170,394	93,110	118,155
Indiana	33,644	38,003	56,768	128,415	604,414	105,116	46,417	14,967
Iowa	14,610	14,485	34,892	63,987	376,477	57,682	27,593	5,277
Kansas	12,705	13,485	26,411	52,601	302,312	65,964	53,303	10,595
Kentucky	28,919	30,610	62,457	121,986	490,208	178,947	41,729	21,982
Louisiana	35,267	41,348	58,815	135,430	652,315	238,645	52,730	48,562
Maine	5,585	5,627	13,434	24,646	105,797	24,665	14,791	6,430
Maryland	24,134	27,590	41,863	93,586	386,147	98,803	50,466	34,394
Massachusetts	27,207	27,526	60,791	115,525	514,376	101,623	58,453	46,850
Michigan	49,747	52,441	112,725	214,912	782,500	163,982	73,449	48,705
Minnesota	19,420	21,941	48,830	90,191	573,981	88,790	94,632	27,282
Mississippi	22,993	31,231	42,639	96,863	400,718	171,790	26,758	31,580
Missouri	33,004	33,296	60,340	126,640	583,658	154,032	45,877	31,071
Montana	4,864	4,385	12,092	21,341	79,861	14,716	13,767	4,481
Nebraska	7,969	8,524	16,585	33,078	216,701	33,262	37,866	6,465
Nevada	9,355	10,144	17,896	37,395	107,908	32,174	5,208	6,442
New Hampshire	4,183	4,463	9,454	18,100	100,816	15,695	6,839	2,028
New Jersey	31,278	34,068	64,144	129,490	568,652	84,634	47,973	61,124
New Mexico	13,139	13,865	29,490	56,494	193,511	76,025	41,584	47,115
New York	108,155	120,220	248,188	476,563	1,774,030	461,660	243,052	410,737
North Carolina	51,120	53,619	91,611	196,349	815,665	261,223	109,296	43,299
North Dakota	3,293	3,297	8,340	14,931	81,317	11,462	17,406	1,797
Ohio	57,476	74,589	113,601	245,667	985,887	179,221	85,062	41,181
Oklahoma	26,579	29,379	52,506	108,464	370,346	137,636	41,443	13,547
Oregon	22,725	17,825	52,346	92,896	264,579	89,621	34,739	15,573
Pennsylvania	52,500	55,176	128,098	235,774	1,004,194	190,098	68,273	105,580
Rhode Island	4,710	5,340	11,984	22,035	60,708	9,806	9,100	11,123
South Carolina	30,162	31,673	48,933	110,769	473,126	167,665	33,105	67,093
South Dakota	4,728	5,001	10,726	20,454	103,097	15,471	10,679	4,694
Tennessee	39,155	43,255	66,414	148,824	610,093	186,377	42,167	43,476
Texas	175,944	183,388	348,547	707,879	2,387,599	877,466	166,747	97,356
Utah	15,434	15,519	28,560	59,513	266,905	30,206	35,674	19,462
Vermont	3,789	3,023	9,238	16,051	51,952	12,778	7,829	3,872
Virginia	32,612	34,707	64,300	131,618	651,702	170,290	43,745	53,647
Washington	32,223	36,715	72,253	141,191	459,808	112,436	66,841	30,492
West Virginia	12,328	12,549	26,957	51,833	204,130	83,498	16,051	17,298
Wisconsin	23,603	25,034	55,443	104,080	529,901	48,705	54,087	16,082
Wyoming	2,902	2,660	6,022	11,584	53,398	7,924	8,462	647
United States	1,697,251	1,842,267	3,547,129	7,086,646	26,470,702	7,155,006	2,623,914	2,188,779

*All children receiving a subsidy for lunch, including children receiving free, reduced-price, and full-price lunches.

Source: U.S. Department of Agriculture, Food and Consumer Service. Calculations by Children's Defense Fund.

TABLE B6

Child Support Enforcement, 1997

	Cases	Court order	Percent with court order	Collection	Percent with collection	Rank
Alabama	369,043	223,628	60.6%	82,782	22.4%	24
Alaska	57,847	46,164	79.8	10,536	18.2	37
Arizona	271,587	86,841	32.0	37,865	13.9	47
Arkansas	137,754	101,215	73.5	43,004	31.2	11
California	2,277,401	1,222,893	53.7	495,338	21.8	27
Colorado	211,214	144,107	68.2	37,915	18.0	38
Connecticut	235,005	151,238	64.4	45,660	19.4	34
Delaware	58,798	43,214	73.5	16,026	27.3	16
District of Columbia	104,606	42,265	40.4	10,118	9.7	51
Florida	940,502	429,295	45.6	154,275	16.4	42
Georgia	512,691	295,691	57.7	140,323	27.4	15
Hawaii	64,387	31,596	49.1	14,567	22.6	23
Idaho	83,651	59,288	70.9	17,364	20.8	31
Illinois	739,941	222,505	30.1	84,210	11.4	49
Indiana	411,069	174,659	42.5	63,650	15.5	44
Iowa	201,438	164,946	81.9	41,564	20.6	32
Kansas	142,574	84,794	59.5	50,399	35.3	7
Kentucky	297,294	182,510	61.4	56,247	18.9	36
Louisiana	333,341	137,921	41.4	78,464	23.5	19
Maine	78,574	66,061	84.1	30,817	39.2	3
Maryland	406,326	276,998	68.2	88,173	21.7	28
Massachusetts	241,896	192,300	79.5	64,607	26.7	17
Michigan	1,619,950	765,015	47.2	264,535	16.3	43
Minnesota	251,317	199,193	79.3	109,127	43.4	2
Mississippi	274,430	132,538	48.3	37,036	13.5	48
Missouri	314,461	235,602	74.9	70,490	22.4	24
Montana	41,711	29,266	70.2	11,786	28.3	13
Nebraska	129,829	90,378	69.6	27,279	21.0	30
Nevada	82,580	51,053	61.8	18,976	23.0	22
New Hampshire	49,263	38,320	77.8	18,961	38.5	4
New Jersey	510,146	375,668	73.6	142,067	27.8	14
New Mexico	74,916	15,754	21.0	16,123	21.5	29
New York	1,281,791	823,085	64.2	229,478	17.9	39
North Carolina	463,766	238,629	51.5	88,163	19.0	35
North Dakota	46,006	32,262	70.1	10,803	23.5	19
Ohio	966,752	684,270	70.8	302,658	31.3	9
Oklahoma	135,288	72,077	53.3	24,062	17.8	40
Oregon	283,757	152,237	53.7	50,295	17.7	41
Pennsylvania	932,433	644,987	69.2	291,443	31.3	9
Rhode Island	71,308	41,547	58.3	10,963	15.4	45
South Carolina	222,313	109,617	49.3	63,847	28.7	12
South Dakota	33,065	30,598	92.5	11,106	33.6	8
Tennessee	462,756	195,558	42.3	50,677	11.0	50
Texas	910,487	485,049	53.3	183,816	20.2	33
Utah	114,931	84,316	73.4	29,027	25.3	18
Vermont	22,682	19,887	87.7	9,957	43.9	1
Virginia	404,870	256,773	63.4	89,730	22.2	26
Washington	389,512	343,059	88.1	148,027	38.0	5
West Virginia	117,423	57,430	48.9	27,283	23.2	21
Wisconsin	386,987	251,470	65.0	142,225	36.8	6
Wyoming	66,857	36,738	55.0	9,841	14.7	46
United States	18,838,526	10,872,505	57.7	4,153,685	22.0	

Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement, 22nd Annual Report to Congress, Tables 26–28. Calculations by Children's Defense Fund.

TABLE B7

Fair Market Rent and the Minimum Wage, 2000

	Lowest monthly rent	Minimum Wage	Lowest rent as a percentage of minimum wage	Rank
Alabama	$307	$5.15	35.8%	3
Alaska	591	5.65	62.8	46
Arizona	428	5.15	49.9	40
Arkansas	308	5.15	35.9	5
California	384	5.75	40.1	11
Colorado	419	5.15	48.8	37
Connecticut	545	6.15	53.2	42
Delaware	542	5.65	57.6	44
District of Columbia	716	6.15	69.9	50
Florida	426	5.15	49.6	39
Georgia	355	5.15	41.4	16
Hawaii	723	5.25	82.6	51
Idaho	326	5.15	38.0	7
Illinois	352	5.15	41.0	15
Indiana	330	5.15	38.4	8
Iowa	358	5.15	41.7	18
Kansas	384	5.15	44.7	30
Kentucky	307	5.15	35.8	3
Louisiana	312	5.15	36.3	6
Maine	388	5.15	45.2	32
Maryland	405	5.15	47.2	36
Massachusetts	458	6.00	45.8	33
Michigan	383	5.15	44.6	28
Minnesota	362	5.15	42.2	20
Mississippi	337	5.15	39.3	9
Missouri	296	5.15	34.5	1
Montana	379	5.15	44.2	27
Nebraska	403	5.15	47.0	35
Nevada	558	5.15	65.0	47
New Hampshire	563	5.15	65.6	48
New Jersey	568	5.15	66.2	49
New Mexico	368	5.15	42.9	24
New York	402	5.15	46.8	34
North Carolina	355	5.15	41.4	16
North Dakota	384	5.15	44.7	30
Ohio	339	5.15	39.5	10
Oklahoma	301	5.15	35.1	2
Oregon	452	6.50	41.7	18
Pennsylvania	362	5.15	42.2	20
Rhode Island	555	5.65	58.9	45
South Carolina	364	5.15	42.4	22
South Dakota	423	5.15	49.3	38
Tennessee	347	5.15	40.4	13
Texas	348	5.15	40.5	14
Utah	383	5.15	44.6	28
Vermont	523	5.75	54.6	43
Virginia	369	5.15	43.0	25
Washington	432	5.15	50.3	41
West Virginia	344	5.15	40.1	11
Wisconsin	367	5.15	42.8	23
Wyoming	374	5.15	43.6	26
United States		5.15		

Sources: U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Minimum Wage and Overtime Premium Pay Standards Applicable to Nonsupervisory NONFARM Private Sector Employment, at http://www.dol.gov/dol/esa/public/minwage/america.htm , last modified December 9, 1999; and U.S. Department of Housing and Urban Development, in *Federal Register*, Vol. 64, No. 190 (October 1, 1999), Part II, pp. 53449–53509. Calculations by Children's Defense Fund.

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TABLE B8

Early Prenatal Care and Low Birthweight, 1997

	Incidence of early prenatal care, by race, ethnicity of mother*								Incidence of low birthweight births, by race, ethnicity of mother**							
	All races		White		Black		Hispanic***		All races		White		Black		Hispanic***	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
Alabama	82.2%	32	88.0%	16	70.3%	33	62.4%	47	9.2%	47	7.4%	44	13.1%	22	7.3%	29
Alaska	80.4	41	82.4	40	81.3	2	77.6	11	5.9	5	5.5	4	12.3	12	7.1	27
Arizona	75.4	49	76.5	50	70.9	31	65.1	41	6.9	16	6.6	27	13.6	28	6.6	18
Arkansas	75.7	48	79.4	46	62.6	49	60.1	50	8.4	39	7.2	43	12.7	18	6.5	17
California	81.8	35	81.8	41	78.6	8	77.3	12	6.2	8	5.6	6	12.0	10	5.6	6
Colorado	82.9	27	83.3	37	77.3	12	69.7	32	8.8	41	8.5	50	15.1	41	9.1	42
Connecticut	89.2	3	90.6	2	80.1	4	79.1	7	7.3	21	6.5	21	12.3	12	8.3	40
Delaware	82.5	29	86.2	28	71.4	28	69.0	34	8.7	40	6.9	37	14.1	39	8.0	38
District of Columbia	66.6	51	81.0	45	61.4	50	63.2	45	13.4	51	5.9	9	16.1	43	6.2	12
Florida	83.9	19	87.1	20	72.8	24	81.7	4	8.0	37	6.8	34	12.3	12	6.7	22
Georgia	85.8	10	89.5	6	78.5	9	75.8	15	8.8	41	6.6	27	13.0	21	5.4	2
Hawaii	83.4	25	88.9	9	89.2	1	82.0	3	7.2	20	5.1	1	10.2	1	7.4	30
Idaho	78.6	44	78.9	47	71.0	30	62.1	48	6.3	10	6.3	16	—	—	7.4	30
Illinois	82.4	31	85.6	29	69.7	36	72.8	21	7.9	35	6.4	18	13.9	37	6.2	12
Indiana	80.1	42	81.8	41	66.1	44	66.6	40	7.7	27	7.0	39	13.6	28	7.0	26
Iowa	87.4	8	88.1	14	73.5	21	70.7	30	6.4	13	6.2	13	10.4	3	6.6	18
Kansas	85.6	12	86.6	26	75.9	14	64.5	42	6.9	16	6.4	18	12.9	20	5.9	8
Kentucky	85.8	10	86.8	23	75.3	16	72.9	20	7.8	32	7.4	44	12.0	10	7.2	28
Louisiana	81.3	36	88.6	11	71.1	29	84.0	1	10.2	50	7.0	39	14.6	40	5.5	5
Maine	88.9	4	89.3	7	79.0	7	83.9	2	5.9	5	5.9	9	—	—	—	—
Maryland	88.8	6	92.6	1	80.3	3	80.7	6	8.8	41	6.4	18	13.6	28	6.6	18
Massachusetts	88.9	4	90.4	4	78.0	10	77.8	10	7.0	18	6.6	27	10.6	4	8.3	40
Michigan	84.2	17	87.2	19	70.6	32	73.8	19	7.7	27	6.5	21	13.2	23	6.7	22
Minnesota	84.1	18	86.7	24	63.8	48	61.1	49	5.9	5	5.5	4	11.1	6	6.8	25
Mississippi	80.1	42	89.2	8	69.6	37	78.6	8	10.1	49	7.4	44	13.4	25	—	—
Missouri	86.0	9	88.2	12	73.6	20	74.8	17	7.7	27	6.7	30	13.5	26	6.1	10
Montana	82.6	28	84.8	33	74.2	19	77.3	12	6.3	10	6.1	12	—	—	—	—
Nebraska	83.9	19	85.0	32	72.0	26	67.1	38	7.0	18	6.7	30	11.7	7	5.2	1
Nevada	76.1	47	76.9	49	66.6	43	64.3	43	7.6	25	7.0	39	13.7	33	6.3	14
New Hampshire	89.6	1	89.8	5	78.0	10	77.9	9	5.8	4	5.9	9	—	—	—	—
New Jersey	81.3	36	85.5	30	63.9	47	71.2	26	7.9	35	6.5	21	13.7	33	7.4	30
New Mexico	70.2	50	72.5	51	64.2	46	67.6	35	7.8	32	7.8	48	15.4	42	7.9	37
New York	80.6	39	84.1	35	69.8	35	71.1	28	7.8	32	6.7	30	11.8	8	7.6	35
North Carolina	83.9	19	88.1	14	73.2	23	69.3	33	8.8	41	7.1	42	13.6	28	6.1	10
North Dakota	84.8	15	86.7	24	75.0	17	75.7	16	6.2	8	6.2	13	—	—	—	—
Ohio	85.1	13	87.4	17	72.2	25	76.6	14	7.7	27	6.7	30	13.6	28	7.5	34
Oklahoma	78.5	45	81.1	44	67.7	42	67.5	37	7.3	21	6.8	34	12.3	12	5.7	7
Oregon	81.1	38	81.4	43	79.4	6	66.7	39	5.5	1	5.3	2	11.0	5	5.4	2
Pennsylvania	83.8	22	86.6	26	68.0	41	71.5	25	7.6	25	6.5	21	13.9	37	9.2	43
Rhode Island	89.5	2	90.6	2	79.9	5	81.3	5	7.4	24	6.9	37	11.9	9	7.8	36
South Carolina	80.5	40	87.0	22	68.8	40	67.6	35	9.2	47	6.8	34	13.5	26	5.9	8
South Dakota	82.1	33	85.2	31	69.2	38	70.8	29	5.5	1	5.6	6	—	—	—	—
Tennessee	83.7	23	87.1	20	71.8	27	63.2	45	8.8	41	7.4	44	13.7	33	6.3	14
Texas	78.5	45	78.8	48	74.6	18	71.2	26	7.3	21	6.5	21	12.4	16	6.6	18
Utah	83.7	23	84.6	34	70.2	34	63.7	44	6.6	15	6.5	21	13.8	36	7.4	30
Vermont	88.0	7	88.2	12	—	—	6.3	10	6.3	16	—	—	—	—	—	—
Virginia	85.1	13	88.8	10	73.5	21	72.6	22	7.7	27	6.2	13	12.6	17	6.3	14
Washington	83.3	26	84.1	35	77.1	13	70.7	30	5.6	3	5.3	2	10.2	1	5.4	2
West Virginia	82.0	34	82.6	39	65.3	45	72.6	22	8.3	38	8.1	49	12.8	19	—	—
Wisconsin	84.6	16	87.3	18	68.9	39	72.6	22	6.4	13	5.6	6	13.3	24	6.7	22
Wyoming	82.5	29	83.2	38	75.8	15	73.9	18	9.0	46	9.0	51	—	—	8.0	38
United States	82.5		84.7		72.3		73.7		7.5		6.5		13.0		6.4	

*Births to mothers who received care in the first trimester (first three months) of pregnancy, as a percentage of all births among base group.

**Newborns weighing less than 2,500 grams (5 lbs., 8 oz.), as a percentage of all births among base group.

***Persons of Hispanic origin can be of any race.

—Number too small to calculate a reliable rate.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, National Vital Statistics Report, Vol. 47, No. 18 (April 29, 1999), Table 34. Calculations by Children's Defense Fund.

TABLE 89

Teen Birth Rates,* 1990–1997

	1990	1991	1992	1993	1994	1995	1996	1997
Alabama	71.0	73.9	72.5	70.5	72.2	70.3	69.2	66.6
Alaska	65.3	65.4	63.9	56.8	55.5	50.2	46.4	44.6
Arizona	75.5	80.7	81.7	79.8	78.7	75.7	73.9	69.7
Arkansas	80.1	79.8	75.5	73.9	76.3	73.5	75.4	72.9
California	70.6	74.7	74.0	72.7	71.3	68.2	62.6	57.3
Colorado	54.5	58.2	58.4	55.2	54.3	51.3	49.5	48.2
Connecticut	38.8	40.4	39.4	39.2	40.3	39.3	37.4	36.1
Delaware	54.5	61.1	59.6	59.7	60.2	57.0	56.9	55.8
District of Columbia	93.1	114.4	116.1	128.8	114.7	106.8	102.1	91.0
Florida	69.1	68.8	66.3	64.8	64.4	61.7	58.9	57.7
Georgia	75.5	76.3	74.5	73.0	71.7	71.1	68.2	67.2
Hawaii	61.2	58.7	53.5	53.0	53.5	47.9	48.1	43.8
Idaho	50.6	53.9	51.7	50.7	46.6	49.0	47.2	43.3
Illinois	62.9	64.8	63.6	63.0	62.8	59.9	57.1	54.7
Indiana	58.6	60.5	58.7	58.6	57.9	57.5	56.1	54.2
Iowa	40.5	42.6	40.8	41.1	39.7	38.6	37.8	35.7
Kansas	56.1	55.4	55.7	55.7	53.5	52.2	49.6	48.5
Kentucky	67.6	68.9	64.7	64.0	64.5	62.5	61.5	59.6
Louisiana	74.2	76.1	76.5	76.1	74.7	69.9	66.7	66.3
Maine	43.0	43.5	39.8	37.1	35.5	33.6	31.4	32.0
Maryland	53.2	54.3	50.7	50.1	49.7	47.7	46.1	43.9
Massachusetts	35.1	37.8	38.0	37.9	37.2	34.3	32.2	31.7
Michigan	59.0	59.0	56.5	53.2	52.1	49.2	46.5	43.9
Minnesota	36.3	37.3	36.0	35.0	34.4	32.4	32.1	32.0
Mississippi	81.0	85.6	84.2	83.3	83.0	80.6	75.5	73.7
Missouri	62.8	64.5	63.2	59.8	59.0	55.5	53.7	51.5
Montana	48.4	46.7	46.2	45.7	41.2	41.8	38.6	37.6
Nebraska	42.3	42.4	41.1	40.5	42.8	37.6	38.7	37.2
Nevada	73.3	75.3	71.4	73.4	73.6	73.3	69.6	67.7
New Hampshire	33.0	33.3	31.3	30.7	30.1	30.5	28.6	28.6
New Jersey	40.5	41.6	39.2	38.1	39.3	38.0	35.4	35.0
New Mexico	78.2	79.8	80.3	81.1	77.4	74.5	70.9	68.4
New York	43.6	46.0	45.3	45.7	45.8	44.0	41.8	38.8
North Carolina	67.6	70.5	69.5	66.8	66.3	64.1	63.5	61.3
North Dakota	35.4	35.6	37.3	36.8	34.6	33.5	32.3	30.1
Ohio	57.9	60.5	58.0	56.8	55.0	53.4	50.4	49.8
Oklahoma	66.8	72.1	69.9	68.6	65.9	64.0	63.4	64.3
Oregon	54.6	54.9	53.2	51.2	50.7	50.7	50.8	46.9
Pennsylvania	44.9	46.9	45.2	44.3	43.8	41.7	39.3	37.3
Rhode Island	43.9	45.4	47.5	49.8	47.7	43.1	42.5	42.7
South Carolina	71.3	72.9	70.3	66.0	66.5	65.1	62.9	61.4
South Dakota	46.8	47.5	48.3	44.3	42.8	40.5	39.5	39.7
Tennessee	72.3	75.2	71.4	70.2	71.0	67.9	66.1	64.5
Texas	75.3	78.9	78.9	78.1	77.6	76.1	73.5	71.7
Utah	48.5	48.2	46.3	44.5	42.7	42.4	42.8	42.6
Vermont	34.0	39.2	35.6	35.2	33.0	28.6	30.1	26.9
Virginia	52.9	53.5	51.8	49.8	50.7	48.7	45.5	44.2
Washington	53.1	53.7	50.9	50.2	48.2	47.6	45.0	42.5
West Virginia	57.3	57.8	56.0	55.6	54.3	52.7	50.3	49.1
Wisconsin	42.6	43.7	42.1	41.1	38.8	37.8	36.8	35.9
Wyoming	56.3	54.2	49.6	49.6	48.2	47.2	44.0	43.3
United States	59.9	62.1	60.7	59.6	58.9	56.8	54.4	52.3

*Number of births to women ages 15–19 per 1,000 females in that age group.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics.

TABLE B10

Infant Mortality, by Race of Mother, 1997*

	All races		White		Black	
	Rate	Rank**	Rate	Rank**	Rate	Rank**
Alabama	9.5	46	7.5	48	13.9	11
Alaska	7.5	30	6.8	38	—	—
Arizona	7.1	24	6.8	38	14.4	15
Arkansas	8.7	43	7.4	47	13.8	8
California	5.9	8	5.6	9	13.1	6
Colorado	7.0	22	6.7	36	16.3	25
Connecticut	7.2	26	6.3	29	14.3	14
Delaware	7.8	35	5.7	12	14.5	16
District of Columbia	13.2	51	—	16.7	29	—
Florida	7.1	24	5.7	12	12.3	5
Georgia	8.6	41	6.1	24	13.8	8
Hawaii	6.6	18	—	—	—	—
Idaho	6.8	20	6.9	41	—	—
Illinois	8.4	40	6.4	30	17.1	30
Indiana	8.2	38	7.3	46	15.8	23
Iowa	6.2	12	5.9	18	—	—
Kansas	7.4	28	6.6	34	17.1	30
Kentucky	7.3	27	7.0	43	11.0	4
Louisiana	9.5	46	6.6	34	13.8	8
Maine	5.1	2	5.3	6	—	—
Maryland	8.8	44	5.1	4	16.2	24
Massachusetts	5.2	3	5.0	3	8.8	1
Michigan	8.2	38	6.1	24	17.5	32
Minnesota	5.9	8	5.1	4	16.5	28
Mississippi	10.6	50	7.1	45	14.9	17
Missouri	7.6	32	6.1	24	16.3	25
Montana	6.9	21	6.0	21	—	—
Nebraska	7.4	28	6.8	38	—	—
Nevada	6.5	16	6.2	28	—	—
New Hampshire	4.3	1	4.3	1	—	—
New Jersey	6.3	14	4.9	2	13.4	7
New Mexico	6.1	10	5.6	9	—	—
New York	6.7	19	5.7	12	10.9	2
North Carolina	9.2	45	6.9	41	15.7	22
North Dakota	6.2	12	5.9	18	—	—
Ohio	7.8	35	6.5	32	15.6	21
Oklahoma	7.5	30	6.7	36	15.0	18
Oregon	5.8	5	5.7	12	—	—
Pennsylvania	7.6	32	6.0	21	17.6	33
Rhode Island	7.0	22	7.0	43	—	—
South Carolina	9.6	48	6.4	30	15.4	19
South Dakota	7.7	34	5.3	6	—	—
Tennessee	8.6	41	6.5	32	16.3	25
Texas	6.4	15	5.9	18	10.9	2
Utah	5.8	5	5.8	17	—	—
Vermont	6.1	10	6.1	24	—	—
Virginia	7.8	35	6.0	21	14.2	13
Washington	5.6	4	5.3	6	15.4	19
West Virginia	9.6	48	9.1	49	—	—
Wisconsin	6.5	16	5.7	12	13.9	11
Wyoming	5.8	5	5.6	9	—	—
United States	7.2		6.0		14.2	

*Infant deaths (before age 1) per 1,000 live births.

**States are ranked from lowest to highest rate.

—Number too small to calculate a reliable rate.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, National Vital Statistics Report, Vol. 47, No. 19 (June 30, 1999), Deaths: Final Data for 1997, Table 31. Calculations by Children's Defense Fund.

TABLE B11

Health Insurance Coverage of Children

	Children under age 19 lacking health insurance throughout the year, 1996–1998*			Medicaid enrollment, FY 1998	Children ever enrolled in CHIP, FY 1999
	Estimated number	Percentage	Rank		
Alabama	183,000	15.3%	35	364,832	38,980
Alaska	22,000	10.4	16	52,428	8,033
Arizona	356,000	25.9	51	412,367	26,807
Arkansas	162,000	22.6	49	236,727	913
California	1,881,000	19.3	44	3,438,056	222,351
Colorado	166,000	14.7	31	200,408	24,116
Connecticut	96,000	11.4	18	213,695	9,912
Delaware	29,000	14.9	32	58,513	2,433
District of Columbia	18,000	15.5	36	76,525	3,029
Florida	745,000	19.3	44	1,137,381	154,594
Georgia	384,000	17.3	41	746,845	47,581
Hawaii	22,000	6.8	2	87,249	N/I
Idaho	64,000	16.6	39	74,589	8,482
Illinois	412,000	12.0	21	1,045,873	42,699
Indiana	207,000	12.7	25	371,973	31,246
Iowa	73,000	9.4	11	172,238	9,795
Kansas	73,000	9.7	12	144,723	14,443
Kentucky	164,000	15.1	34	335,619	18,579
Louisiana	284,000	21.4	48	430,065	21,580
Maine	42,000	13.3	26	95,689	13,657
Maryland	170,000	12.1	23	338,566	18,072
Massachusetts	138,000	8.9	8	564,560	67,852
Michigan	247,000	9.0	9	781,009	26,652
Minnesota	116,000	8.6	7	333,186	21
Mississippi	164,000	19.5	46	298,274	13,218
Missouri	174,000	11.5	19	467,499	49,529
Montana	35,000	14.1	30	51,466	1,019
Nebraska	40,000	8.4	6	132,063	9,713
Nevada	102,000	20.4	47	80,747	7,802
New Hampshire	32,000	10.1	14	58,861	4,554
New Jersey	343,000	16.1	37	460,440	75,652
New Mexico	94,000	17.0	40	231,378	4,500
New York	729,000	15.0	33	1,621,869	521,301
North Carolina	345,000	16.5	38	674,006	57,300
North Dakota	21,000	12.0	21	32,657	266
Ohio	307,000	10.0	13	796,056	83,688
Oklahoma	179,000	18.5	43	n.a.	40,196
Oregon	121,000	13.4	27	255,894	27,285
Pennsylvania	255,000	8.3	5	882,877	81,758
Rhode Island	19,000	7.5	4	77,751	7,288
South Carolina	193,000	18.2	42	369,983	45,737
South Dakota	20,000	9.1	10	52,925	3,191
Tennessee	196,000	13.4	27	669,063	9,732
Texas	1,565,000	25.3	50	1,689,961	50,878
Utah	89,000	11.7	20	126,290	13,040
Vermont	10,000	6.4	1	62,282	2,055
Virginia	219,000	12.1	23	412,235	16,895
Washington	163,000	10.2	15	572,927	N/I
West Virginia	48,000	10.7	17	209,341	7,957
Wisconsin	100,000	6.9	3	299,364	12,949
Wyoming	20,000	13.8	29	31,697	N/I
United States	11.9 million	15.6		22,331,022	1,932,523

*The U.S. percentage and number of uninsured are from the March 1999 Current Population Survey (CPS). Beginning with the March 1998 survey, the national uninsured count includes all those with health coverage only through the Indian Health Service. The estimated percentage of uninsured children in each state is the average of the percentages of children uninsured during the years 1996–1998. Three-year averages are used because of small sample sizes in some states. The estimated number of uninsured children in each state is calculated by applying that average percentage to the most recent Census estimates of the number of children under age 19 in each state.

n.a. — data not available.

N/I — program not implemented.

Sources: U.S. Department of Commerce, Bureau of the Census, March Current Population Survey, 1997–1999, and July 1, 1998 state population estimates, adjusted for the undercount; U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA 2082 Tables for FFY 1998, unpublished, and The State Children's Health Insurance Program Annual Enrollment Report, October 1, 1998 -September 30, 1999 (January 11, 2000), Table 1, at http://www.hcfa.gov/init/enroll99.pdf. Calculations by Children's Defense Fund.

TABLE B12

Immunization Status,* by Race/Ethnicity, 1998

	Percent of two-year-olds** who received all recommended immunizations in the series						
	All races						
	Rate	Rank	Hispanic	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Native American	Non-Hispanic Asian
Alabama	82.1%	16	NA	82.7%	80.2%	NA	NA
Alaska	81.3	22	NA	78.0	NA	87.1%	NA
Arizona	75.9	40	69.5%	80.7	NA	NA	NA
Arkansas	73.1	49	NA	75.7	64.4	NA	NA
California	75.9	40	70.5	85.4	67.8	NA	79.4%
Colorado	75.8	42	76.1	75.7	NA	NA	NA
Connecticut	90.0	1	83.8	92.7	NA	NA	NA
Delaware	78.9	29	NA	83.4	70.4	NA	NA
District of Columbia	71.4	50	NA	85.0	68.5	NA	NA
Florida	78.7	30	84.5	80.9	70.1	NA	NA
Georgia	80.1	25	NA	81.4	78.4	NA	NA
Hawaii	79.3	27	NA	81.0	NA	NA	81.6
Idaho	76.4	38	85.2	75.5	NA	NA	NA
Illinois	77.5	35	72.0	87.7	52.2	NA	NA
Indiana	77.5	35	NA	80.8	70.8	NA	NA
Iowa	81.7	19	NA	84.1	NA	NA	NA
Kansas	81.8	18	NA	84.6	NA	NA	NA
Kentucky	81.6	20	NA	83.4	NA	NA	NA
Louisiana	78.4	31	NA	81.1	73.5	NA	NA
Maine	86.3	4	NA	87.5	NA	NA	NA
Maryland	77.0	37	NA	80.7	71.4	NA	NA
Massachusetts	86.7	3	77.9	87.6	94.2	NA	82.4
Michigan	77.7	33	NA	84.7	59.4	NA	NA
Minnesota	82.2	14	NA	83.0	NA	NA	NA
Mississippi	83.7	9	NA	84.5	81.1	NA	NA
Missouri	84.5	7	NA	85.6	NA	NA	NA
Montana	81.9	17	NA	82.3	NA	NA	NA
Nebraska	76.4	38	NA	76.9	NA	NA	NA
Nevada	75.7	43	79.8	75.0	NA	NA	NA
New Hampshire	82.2	14	NA	83.1	NA	NA	NA
New Jersey	82.3	13	85.9	84.3	70.2	NA	NA
New Mexico	71.1	51	67.3	75.7	NA	NA	NA
New York	84.5	7	85.4	84.6	79.7	NA	92.9
North Carolina	82.8	11	NA	85.3	75.5	NA	NA
North Dakota	79.1	28	NA	79.2	NA	NA	NA
Ohio	78.0	32	NA	78.1	72.7	NA	NA
Oklahoma	75.3	46	NA	77.9	NA	NA	NA
Oregon	75.5	45	78.6	78.7	NA	NA	NA
Pennsylvania	83.2	10	NA	82.9	83.5	NA	NA
Rhode Island	86.3	4	73.1	89.3	NA	NA	NA
South Carolina	87.9	2	NA	85.8	89.3	NA	NA
South Dakota	73.5	48	NA	73.9	NA	NA	NA
Tennessee	81.5	21	NA	82.0	76.9	NA	NA
Texas	74.3	47	76.4	73.7	69.8	NA	NA
Utah	75.6	44	NA	74.3	NA	NA	NA
Vermont	85.8	6	NA	86.3	NA	NA	NA
Virginia	80.4	24	NA	82.9	71.5	NA	NA
Washington	80.8	23	81.4	80.8	NA	NA	NA
West Virginia	82.4	12	NA	83.0	NA	NA	NA
Wisconsin	77.7	33	67.9	79.6	67.7	NA	NA
Wyoming	79.9	26	NA	81.5	NA	NA	NA

* Estimated vaccination coverage with the 4:3:1:3 series among children 19–35 months of age. 4:3:1:3 includes four or more doses of diphtheria and tetanus toxoids and pertussis vaccine/ diphtheria and tetanus toxoids (DTP/DT), three or more doses of poliovirus vaccine, one or more doses of measles–containing vaccine, and three or more doses of Haemophilus influenzae type b (Hib) vaccine.

** Children born between February 1995 and May 1997.

NA — Data do not meet standard of reliability or precision, so no rate is calculated.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Survey, at www.cdc.gov/nip/coverage/nis1998_3.htm#nis_group:5 . Downloaded January 11, 2000.

TABLE B13

Head Start Enrollment and Race and Ethnicity of Enrollees, 1999

		Race of enrollees (percentage distribution)						
	Total enrollment	White	Black	Hispanic	Asian	Hawaiian, Pacific Islander	Native American*	Other
Alabama	15,263	21.1%	76.0%	2.3%	0.4%	0.0%	0.3%	0.0%
Alaska	1,281	29.1	8.8	7.4	3.2	0.4	50.9	0.0
Arizona	11,127	22.7	7.8	63.1	0.8	0.1	5.5	0.0
Arkansas	10,065	51.3	40.2	7.1	0.3	0.6	0.5	0.0
California	86,459	14.2	14.9	63.2	6.4	0.6	0.7	0.0
Colorado	9,135	28.9	16.2	50.2	1.5	1.1	2.0	0.2
Connecticut	6,825	21.0	41.1	36.4	1.1	0.0	0.4	0.0
Delaware	2,126	15.9	62.1	18.9	0.7	2.1	0.3	0.0
District of Columbia	3,279	0.3	80.8	17.6	1.3	0.0	0.0	0.0
Florida	30,792	18.6	58.4	21.8	0.8	0.3	0.1	0.0
Georgia	21,121	19.9	70.8	8.4	0.8	0.0	0.1	0.0
Hawaii	2,799	13.1	5.0	6.0	19.1	56.1	0.7	0.0
Idaho	2,266	56.2	1.2	39.5	0.8	0.6	1.8	0.0
Illinois	35,211	25.5	51.7	21.5	1.2	0.0	0.1	0.0
Indiana	13,057	58.5	33.3	6.7	0.9	0.5	0.2	0.0
Iowa	7,010	73.1	15.3	8.2	2.0	0.3	0.9	0.3
Kansas	7,024	49.9	28.6	18.4	1.4	0.4	1.4	0.0
Kentucky	15,281	76.1	21.7	1.5	0.6	0.0	0.1	0.0
Louisiana	20,703	14.4	82.6	0.8	0.5	0.8	0.8	0.0
Maine	3,618	91.4	2.3	2.8	1.3	0.1	2.1	0.0
Maryland	9,777	21.6	69.3	7.2	1.5	0.0	0.3	0.0
Massachusetts	12,094	38.0	19.8	35.2	6.5	0.2	0.4	0.0
Michigan	33,422	48.0	40.7	9.1	1.0	0.1	1.1	0.0
Minnesota	9,630	51.4	18.0	17.9	8.9	0.0	3.7	0.1
Mississippi	25,091	10.3	88.9	0.4	0.4	0.0	0.1	0.0
Missouri	16,191	54.8	40.5	3.3	0.9	0.2	0.4	0.1
Montana	2,678	80.9	2.4	4.4	0.8	0.2	11.2	0.1
Nebraska	4,518	55.2	19.5	20.0	1.4	0.2	3.8	0.0
Nevada	2,035	25.4	29.6	41.8	1.2	0.2	1.8	0.0
New Hampshire	1,425	88.0	4.5	5.9	1.2	0.0	0.4	0.0
New Jersey	14,443	12.2	54.3	31.5	1.7	0.1	0.2	0.0
New Mexico	7,108	17.7	3.8	69.7	0.5	0.1	8.2	0.0
New York	45,040	29.1	33.9	33.0	3.6	0.1	0.3	0.0
North Carolina	17,394	22.0	64.6	10.8	0.8	0.1	1.8	0.0
North Dakota	2,002	79.8	2.4	4.5	1.8	0.1	11.5	0.0
Ohio	36,454	49.9	45.6	3.5	0.9	0.0	0.2	0.0
Oklahoma	12,217	51.4	23.0	9.0	0.9	0.2	15.6	0.0
Oregon	5,480	51.0	5.6	39.4	1.4	0.3	2.3	0.0
Pennsylvania	28,973	47.3	40.1	11.0	1.2	0.3	0.2	0.0
Rhode Island	2,817	50.2	20.0	23.2	3.7	1.0	1.9	0.0
South Carolina	11,207	7.0	89.0	3.8	0.2	0.0	0.1	0.0
South Dakota	2,485	69.2	4.6	3.3	1.4	0.0	21.6	0.0
Tennessee	14,753	64.3	32.5	2.5	0.6	0.0	0.1	0.0
Texas	58,173	11.9	22.0	65.1	0.7	0.0	0.2	0.0
Utah	4,679	50.6	3.4	36.4	1.8	2.4	5.3	0.0
Vermont	1,406	95.4	2.1	1.2	0.9	0.0	0.5	0.0
Virginia	12,243	33.7	48.8	14.8	2.4	0.2	0.1	0.1
Washington	9,896	36.9	11.5	41.4	6.0	0.9	3.4	0.0
West Virginia	7,043	86.7	12.4	0.6	0.2	0.0	0.1	0.0
Wisconsin	13,113	49.0	29.7	12.4	7.1	0.1	1.8	0.0
Wyoming	1,500	65.5	3.7	27.3	0.5	0.1	3.0	0.0
United States**	729,729							

*Percentage does not include children in American Indian Programs.

**Total does not include Puerto Rico, Virgin Islands, Outer Pacific, or American Indian Programs.

Source: U.S. Department of Health and Human Services, Head Start Bureau.

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TABLE B14

Enrollment in Child Care and Early Education Programs

	Number of low-income children* (total eligible for child care assistance)	Children served by the Child Care and Development Block Grant (1998)	
		Number	Percent of eligible children served
Alabama	233,300	20,530	8.8%
Alaska	46,700	5,080	10.9
Arizona	283,800	33,060	11.6
Arkansas	180,600	9,240	5.1
California	1,732,500	100,640	5.8
Colorado	226,300	20,170	8.9
Connecticut	187,700	11,910	6.3
Delaware	50,700	6,140	12.1
District of Columbia	31,500	3,850	12.2
Florida	705,300	46,640	6.6
Georgia	485,200	47,210	9.7
Hawaii	81,200	6,670	8.2
Idaho	68,200	6,550	9.6
Illinois	676,000	88,330	13.1
Indiana	299,800	12,670	4.2
Iowa	199,200	11,810	5.9
Kansas	172,800	10,240	5.9
Kentucky	170,200	25,010	14.7
Louisiana	219,700	35,180	16.0
Maine	60,900	N/A	N/A
Maryland	259,900	21,380	8.2
Massachusetts	301,700	46,010	15.3
Michigan	545,100	92,060	16.9
Minnesota	297,400	25,530	8.6
Mississippi	185,500	7,870	4.2
Missouri	305,600	42,600	13.9
Montana	60,800	5,530	9.1
Nebraska	115,000	9,350	8.1
Nevada	97,000	4,830	5.0
New Hampshire	71,600	6,390	8.9
New Jersey	350,500	32,500	9.3
New Mexico	126,900	14,980	11.8
New York	880,900	158,610	18.0
North Carolina	411,400	74,250	18.0
North Dakota	37,700	4,160	11.0
Ohio	577,300	59,360	10.3
Oklahoma	191,100	39,930	20.9
Oregon	188,500	15,210	8.1
Pennsylvania	533,900	72,680	13.6
Rhode Island	42,500	6,330	14.9
South Carolina	231,000	21,730	9.4
South Dakota	46,200	3,530	7.6
Tennessee	346,000	54,820	15.8
Texas	1,161,700	78,960	6.8
Utah	130,400	12,550	9.6
Vermont	33,400	4,740	14.2
Virginia	348,100	23,880	6.9
Washington	310,500	41,850	13.5
West Virginia	52,700	12,900	24.5
Wisconsin	365,800	23,870	6.5
Wyoming	31,600	3,200	10.1

*Family income less than 85 percent of poverty level. Based on data generated by the Urban Institute's TRIM 3 Model and reported in U.S. Department of Health and Human Services, "Access to Child Care for Low-Income Working Families" (October 1999).

Source: U.S. Department of Health and Human Services, "Access to Child Care for Low-Income Working Families" (October 1999).

TABLE B15

State Prekindergarten Initiatives: State Funding and Number of Children Served, 1998–99

	Program	State spending	Number of children served
Alabama	Preschool Collaboration Project	$ 690,000	1,000
Alaska	Alaska Head Start Program (State–Funded Head Start Model)	5,489,951	725
Arizona	Early Childhood State Block Grant (Prekindergarten Component)	10,013,423	3,482
Arkansas	Arkansas Better Chance	10,000,000	9,048
California	State Preschool Program	127,000,000	145,719
Colorado	Colorado Preschool Program	21,640,000	8,350
Connecticut	School Readiness and Child Care Initiative	39,000,000	5,000
	State–Funded Head Start Model	5,100,000	N/A
Delaware	Early Childhood Assistance Program (State–Funded Head Start Model)	3,600,000	843
District of Columbia	Public School Preschool Program	14,591,000	3,381
	District–Funded Head Start Model	2,570,000	1,450
Florida	Prekindergarten Early Intervention Program	97,000,328	29,639
	State Migrant Prekindergarten Program	3,295,172	7,552
Georgia	Prekindergarten Program for Four–Year–Olds	217,000,000	61,000
Hawaii	Preschool Open Doors	2,700,000	780
	State–Funded Head Start Model	387,387	229
Idaho	No state prekindergarten initiative.		
Illinois	Early Childhood Block Grant (Prekindergarten Component)	136,000,000	50,000
Indiana	No state prekindergarten initiative.		
Iowa	Comprehensive Child Development Program "Shared Visions"	7,633,087	2,466
Kansas	Four–Year–Old At–Risk Children Preschool Program	3,000,000	1,350
	State–Funded Head Start Model	2,500,000	N/A
Kentucky	Kentucky Preschool Program	39,700,000	15,433
Louisiana	Preschool Block Grant	6,650,000	3,200
Maine	Two–Year Kindergarten	1,300,000	654
	State–Funded Head Start Model	2,329,000	424
Maryland	Extended Elementary Education Program (EEEP)	19,263,000	9,880
Massachusetts	Community Partnerships for Children	78,500,000	18,100
	State–Funded Head Start Model	6,900,000	450
Michigan	Michigan School Readiness Program	67,083,000	21,638
Minnesota	Learning Readiness	10,300,000	44,889
	State–Funded Head Start Model	18,750,000	3,135
Mississippi	No state prekindergarten initiative.		
Missouri	Missouri Preschool Project	N/A	N/A
Montana	No state prekindergarten initiative.		
Nebraska	Early Childhood Projects	500,000	275
Nevada	No state prekindergarten initiative.		
New Hampshire	NH Head Start – State Collaboration (State–Funded Head Start Model)	230,000	N/A
New Jersey	Early Childhood Program Aid (Prekindergarten Component)	70,000,000	8,197
	State–Funded Head Start Model	1,400,000	500
New Mexico	Child Development Program	1,300,000	1,333
	State–Funded Head Start Model	5,000,000	1,300
New York	Universal Prekindergarten	67,000,000	18,906
	Experimental Prekindergarten	50,200,000	19,458
North Carolina	Smart Start	N/A	N/A
North Dakota	No state prekindergarten initiative.		
Ohio	Public School Preschool	17,900,000	7,773
	State–Funded Head Start Model	92,562,977	22,072
Oklahoma	Early Childhood Four–Year–Old Program	36,500,708	16,678
	Head Start State–Appropriated Funds (State–Funded Head Start Model)	3,316,918	N/A
Oregon	Oregon Head Start Prekindergarten (State–Funded Head Start Model)	16,272,167	3,064
Pennsylvania	Education Aid for Kindergarten for Four–Year–Olds	5,700,000	2,979
Rhode Island	Early Childhood Investment Fund	—	—
	State–Funded Head Start Model	1,965,000	400
South Carolina	Early Childhood Program (Half–Day Child Development Program)	22,356,688	16,000
South Dakota	No state prekindergarten initiative.		
Tennessee	Tennessee Early Childhood Education Pilot Program	3,100,000	600
Texas	Public School Prekindergarten	235,000,000	123,859
Utah	No state prekindergarten initiative.		
Vermont	Early Education Initiative	1,315,000	1,097
Virginia	Virginia Preschool Initiative	23,500,000	5,811
Washington	Early Childhood Education & Assistance Program	28,897,592	8,098
	Head Start State Match Program (State–Funded Head Start Model)	470,000	N/A
West Virginia	Public School Early Childhood Education	6,232,702	5,656
Wisconsin	Four–Year–Old Kindergarten	19,800,000	9,550
	State–Funded Head Start Model	4,950,000	1,187
Wyoming	No state prekindergarten initiative.		
Total	Number of Initiatives: 58	1,675,455,100	724,610

Data were provided as reported by the states. Some figures may be rounded or estimated.

For some states, the data may not be comparable because the most recent available figures were from 1997–98, the enrollment counts included some duplication or children who were receiving only supplementary services through the prekindergarten initiative, or for other reasons. See original source for further details.

Source: K. Schulman, H. Blank, and D. Ewen. *Seeds of Success: State Prekindergarten Initiatives 1998–99*. (Washington, DC: Children's Defense Fund, September 1999).

TABLE B16

Maximum Number of Children Allowed Per Caretaker and Maximum Group Size in Child Care Centers, Selected Ages, 1998

	Children per caretaker			Group size		
	9 Months	27 Months	4 Years	9 Months	27 Months	4 Years
Alabama	6:1	8:1	20:1	6	8	20
Alaska	5:1	6:1	10:1	NR	NR	NR
Arizona	5:1/11:2	8:1	15:1	NR	NR	NR
Arkansas	6:1	12:1	15:1	NR	NR	NR
California	4:1	6:1	12:1	NR	NR	NR
Colorado	5:1	7:1	12:1	10	14	24
Connecticut	4:1	4:1	10:1	8	8	20
Delaware	4:1	10:1	15:1	NR	NR	NR
District of Columbia	4:1	4:1	10:1	8	8	20
Florida	4:1	11:1	20:1	NR	NR	NR
Georgia	6:1	10:1	18:1	12	20	36
Hawaii	4:1	8:1	16:1	8	NR	NR
Idaho	6:1	12:1	12:1	NR	NR	NR
Illinois	4:1	8:1	10:1	12	16	20
Indiana	4:1	5:1	12:1	8	15	NR
Iowa	4:1	6:1	12:1	NR	NR	NR
Kansas	3:1	7:1	12:1	9	14	24
Kentucky	5:1	10:1	14:1	10	20	28
Louisiana	6:1	12:1	16:1	NR	NR	NR
Maine	4:1	5:1	10:1	12	15	30
Maryland	3:1	6:1	10:1	6	12	20
Massachusetts	3:1/7:2	4:1/9:2	10:1	7	9	20
Michigan	4:1	4:1	12:1	NR	NR	NR
Minnesota	4:1	7:1	10:1	8	14	20
Mississippi	5:1	12:1	16:1	10	14	16
Missouri	4:1	8:1	10:1	8	16	NR
Montana	4:1	8:1	10:1	NR	NR	NR
Nebraska	4:1	6:1	12:1	NR	NR	NR
Nevada	6:1	10:1	13:1	NR	NR	NR
New Hampshire	4:1	6:1	12:1	12	18	24
New Jersey	4:1	7:1	15:1	20	20	20
New Mexico	6:1	10:1	12:1	NR	NR	NR
New York	4:1	5:1	8:1	8	10	16
North Carolina	5:1	10:1	20:1	10	20	25
North Dakota	4:1	5:1	10:1	NR	NR	NR
Ohio	5:1	7:1	12:1	12	14	28
Oklahoma	4:1	8:1	15:1	8	16	30
Oregon	4:1	4:1	10:1	8	8	20
Pennsylvania	4:1	6:1	10:1	8	12	20
Rhode Island	4:1	6:1	10:1	8	12	20
South Carolina	6:1	10:1	18:1	NR	NR	NR
South Dakota	5:1	5:1	10:1	20	20	20
Tennessee	5:1	8:1	15:1	10	18	20
Texas	4:1/10:2	13:1/26:2	20:1/35:2	10	26	35
Utah	4:1	7:1	15:1	8	25	25
Vermont	4:1	5:1	10:1	8	10	20
Virginia	4:1	10:1	12:1	NR	NR	NR
Washington	4:1	7:1	10:1	8	14	20
West Virginia	4:1	8:1	12:1	NR	NR	NR
Wisconsin	4:1	6:1	13:1	8	12	24
Wyoming	5:1	8:1	15:1	NR	NR	NR
Maximum Recommended Level*	3:1 to 4:1	4:1 to 6:1	8:1 to 10:1	8	12	20

NR — Not regulated.

*Maximum Recommended Level: As recommended in the accreditation guidelines developed by the National Association for the Education of Young Children and in the National Health and Safety Performance Standards developed by the American Public Health Association and the American Academy of Pediatrics. There may be exceptions to these ratio and group size requirements in some states under certain circumstances. For example, some states have different requirements for small centers, classes with mixed-age groups, or different levels of licensing. See source for details.

Source: The Center for Career Development in Early Care and Education at Wheelock College, *Child Care Centers: Child/Staff Ratio and Group Size Requirements*, (Boston, MA: 1998).

TABLE B17

Do States Require Early Childhood Training for Child Care Providers?*

	Child care centers		Family child care homes**	
	Preservice	Inservice	Preservice	Inservice
Alabama	No	Yes	No	Yes
Alaska	No	Yes	No	Yes
Arizona	No	Yes	NA3	NA
Arkansas	No	Yes	No	Yes
California	Yes	No	No	No
Colorado	No	Yes	Yes	Yes
Connecticut	No	Yes	No	No
Delaware	Yes	Yes	Yes	Yes
District of Columbia	Yes	No	No	No
Florida	Yes	Yes	Yes	No
Georgia	Yes	Yes	No	Yes
Hawaii	Yes	No	No	Yes
Idaho	No	Yes	NA	NA
Illinois	Yes	Yes	No	No
Indiana	No	Yes	No	No
Iowa	No	Yes	NA	NA
Kansas	Yes	Yes	No	No
Kentucky	No	Yes	Yes	Yes
Louisiana	No	No	NA	NA
Maine	No	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	No	Yes
Michigan	No	No	No	No
Minnesota	Yes	Yes	Yes	Yes
Mississippi	No	Yes	No	Yes
Missouri	No	Yes	No	Yes
Montana	Yes	No	No	No
Nebraska	No	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes
New Hampshire	Yes	No	No	Yes
New Jersey	Yes	Yes	NA	NA
New Mexico	No	Yes	No	Yes
New York	No	Yes	No	Yes
North Carolina	Yes	Yes	No	No
North Dakota	No	Yes	No	Yes
Ohio	No	Yes	NA	NA
Oklahoma	No	Yes	No	Yes
Oregon	No	Yes	No	No
Pennsylvania	No	Yes	No	Yes
Rhode Island	Yes	Yes	No	Yes
South Carolina	No	Yes	No	No
South Dakota	No	Yes	NA	NA
Tennessee	No	Yes	No	Yes
Texas	Yes	Yes	No	Yes
Utah	No	Yes	No	Yes
Vermont	Yes	Yes	No	Yes
Virginia	No	Yes	No	Yes
Washington	No	Yes	No	No
West Virginia	No	Yes	NA	NA
Wisconsin	Yes	Yes	Yes	Yes
Wyoming	No	Yes	No	Yes

* If a state has requirements for training not specified in early childhood (such as first aid/CPR) that can substitute for training in early childhood education, it is reported as "No."

** "Family child care" in this table refers to one provider legally caring for one or more unrelated children in the provider's residence.

Source: Center for Career Development in Early Care and Education, Wheelock College, "Child Care Licensing: Training Requirements for Roles in Child Care Centers and Family Child Care" (June 1999).

TABLE B18

Participants in Federal Education and Disability Programs

	Title I 1996–1997	Individuals with Disabilities Education Act (IDEA), 1995–1996 school year				Supplemental Security Income (SSI)	
		Total	Ages 3–5	Ages 6–17	Ages 18–21	Child recipients, December 1999	Child cases selected for termination, Aug. 1996–July 1999*
Alabama	238,349	98,266	8,594	84,440	5,232	23,630	4,065
Alaska	17,888	17,604	2,015	14,958	631	880	67
Arizona	211,078	76,121	7,893	65,263	2,965	11,980	982
Arkansas	138,037	53,880	7,520	44,024	2,336	14,950	3,238
California	2,061,265	565,670	54,795	489,168	21,707	79,550	3,872
Colorado	65,039	69,850	7,153	59,786	2,911	7,010	761
Connecticut	60,706	76,226	7,359	65,412	3,455	5,550	404
Delaware	11,105	15,624	1,905	13,025	694	2,850	116
District of Columbia	47,208	7,058	387	6,081	590	3,130	146
Florida	565,453	310,184	27,080	271,078	12,026	60,580	6,396
Georgia	266,854	135,042	13,314	117,164	4,564	26,090	2,620
Hawaii	47,934	16,029	1,306	14,177	546	1,370	26
Idaho	36,734	23,826	3,091	19,989	746	3,000	460
Illinois	364,626	255,905	24,967	220,648	10,290	39,920	5,048
Indiana	101,517	133,962	12,261	115,629	6,072	16,690	2,621
Iowa	59,845	66,247	5,837	57,148	3,262	5,550	709
Kansas	73,401	53,602	6,135	45,404	2,063	6,030	1,541
Kentucky	251,205	82,889	14,683	64,997	3,209	22,220	2,164
Louisiana	329,916	91,059	9,588	76,743	4,728	27,570	7,154
Maine	22,005	31,872	3,553	26,956	1,363	2,890	168
Maryland	114,220	100,863	9,486	87,489	3,888	13,130	1,146
Massachusetts	155,458	157,196	14,241	135,126	7,829	15,410	1,510
Michigan	250,000	188,768	18,241	161,511	9,016	34,250	4,741
Minnesota	116,603	98,311	10,781	83,697	3,833	7,950	1,013
Mississippi	280,097	66,804	6,607	57,399	2,798	18,590	3,373
Missouri	158,854	121,407	8,395	107,763	5,249	16,280	3,592
Montana	32,720	18,364	1,766	15,834	764	1,930	310
Nebraska	37,048	39,308	3,312	34,460	1,536	3,370	486
Nevada	26,263	28,202	3,166	24,146	890	3,400	186
New Hampshire	13,361	25,150	2,165	21,827	1,158	1,630	131
New Jersey	147,824	197,062	16,639	171,551	8,872	19,530	1,864
New Mexico	75,867	47,578	4,563	41,256	1,759	5,610	638
New York	660,901	394,841	48,536	323,144	23,161	65,950	11,025
North Carolina	252,173	147,078	16,671	125,794	4,613	30,190	3,758
North Dakota	16,486	12,355	1,169	10,567	619	1,050	106
Ohio	278,451	227,529	18,204	197,241	12,084	40,280	6,654
Oklahoma	187,715	71,728	5,312	63,161	3,255	10,300	987
Oregon	92,029	65,022	6,097	56,338	2,587	5,630	344
Pennsylvania	353,653	210,929	20,586	179,234	11,109	39,030	4,038
Rhode Island	16,029	25,072	2,333	21,461	1,278	3,000	409
South Carolina	213,710	86,522	10,319	73,090	3,113	16,800	2,007
South Dakota	21,084	15,512	2,176	12,703	633	2,010	187
Tennessee	198,612	126,461	10,151	109,981	6,329	20,800	3,178
Texas	1,645,489	441,543	32,262	386,842	22,439	47,350	7,101
Utah	50,851	52,463	4,861	45,686	1,916	3,360	412
Vermont	12,317	11,246	1,215	9,518	513	1,080	145
Virginia	96,280	141,759	13,284	122,388	6,087	20,140	3,434
Washington	151,809	106,890	12,565	89,825	4,500	10,500	818
West Virginia	70,442	46,487	4,842	39,277	2,368	7,220	1,125
Wisconsin	156,138	106,413	13,545	87,990	4,878	15,050	3,476
Wyoming	13,452	12,549	1,556	10,490	503	1,010	166
United States	10,866,101	5,572,328	544,482	4,778,879	248,967	843,270	110,182

*Child SSI cases selected for termination as a result of the 1996 federal welfare law. Figures reflect initial appeals; additional appeals are pending.

Sources: U.S. Department of Education, Office of Elementary and Secondary Education, Compensatory Education Programs, Title I, unpublished tabulations; U.S. Department of Education, *To Assure the Free Appropriate Public Education of All Children with Disabilities: Nineteenth Annual Report to Congress on the Implementation of The Individuals with Disabilities Education Act* (1997), Table A1; and U.S. Social Security Administration, Children Receiving SSI: December 1999 (2000), Table 2, and SSI Welfare Reform Childhood Status Report Through July 31, 1999 (1999), Tables 4–5. Calculations by Children's Defense Fund.

TABLE B19

Public School Education

	Percentage of reading classes with fewer than 20 students (1998)	Percentage of fourth graders reading below proficient level (1998)	Pupil/teacher ratio (1996)	Percentage of public school teachers lacking major or minor degree in the field			High school completion rate (percent) (1995–97)	Expenditures per student	
				Science (1993–94)	Math (1993–94)	English (1993–94)		Dollars (1995–96)	Rank (1995–96)
Alabama	27%	76%	16.6	19.8%	13.5%	18.4%	84.9%	$4,343	44
Alaska	N/A	N/A	17.5	24.4	42.6	25.4	85.5	8,189	4
Arizona	14	78	19.7	24.1	39.2	27.7	82.7	4,476	48
Arkansas	31	77	17.1	21.3	19.9	10.1	85.7	4,401	46
California	7	80	22.9	25.1	39.3	23.2	80.6	4,[illegible]	35
Colorado	17	66	18.5	15.0	30.3	13.5	88.2	5,121	32
Connecticut	31	54	14.4	5.3	12.0	12.6	94.4	8,430	2
Delaware	21	75	16.6	27.7	N/A	31.1	87.4	6,696	8
District of Columbia	36	90	14.9	N/A	17.8	10.5	87.2	8,510	5
Florida	19	77	18.6	43.0	16.8	12.3	81.9	5,275	31
Georgia	27	76	17.0	30.8	18.7	34.6	84.1	5,056	30
Hawaii	10	83	17.7	22.9	38.3	9.9	93.5	5,560	27
Idaho	N/A	N/A	18.8	15.7	38.3	21.3	88.0	4,194	47
Illinois	N/A	N/A	17.0	14.8	11.5	18.7	88.6	5,579	19
Indiana	N/A	N/A	17.3	17.1	9.5	16.5	87.4	5,621	15
Iowa	28	65	15.4	13.8	8.4	23.0	88.3	5,481	25
Kansas	36	66	15.1	17.3	19.3	19.0	91.5	5,374	28
Kentucky	25	71	16.7	42.1	20.9	40.0	83.3	4,807	36
Louisiana	23	81	16.6	42.4	34.4	20.2	80.4	4,447	42
Maine	58	64	13.7	34.0	29.0	12.4	90.8	6,151	14
Maryland	17	71	17.1	12.9	23.3	20.3	94.9	6,593	12
Massachusetts	30	63	14.5	11.2	24.6	10.6	91.0	7,033	7
Michigan	11	72	19.1	19.8	21.3	17.6	89.7	6,785	10
Minnesota	17	64	17.6	6.2	6.6	14.9	91.6	5,801	17
Mississippi	17	82	17.2	22.6	18.5	26.4	82.8	3,951	50
Missouri	24	71	15.1	25.3	5.4	13.8	87.3	5,092	33
Montana	33	63	16.0	21.9	10.2	17.3	89.3	5,249	29
Nebraska	N/A	N/A	14.5	24.2	13.1	19.0	91.2	5,688	23
Nevada	13	79	19.1	13.2	19.5	12.7	76.6	4,892	37
New Hampshire	33	62	15.6	13.0	18.0	14.9	90.6	5,740	21
New Jersey	N/A	N/A	N/A	21.5	25.6	11.7	87.0	9,361	1
New Mexico	40	78	16.7	16.6	18.6	12.0	82.7	4,604	43
New York	20	71	15.4	13.5	10.9	10.4	89.5	8,361	3
North Carolina	19	72	16.1	29.3	20.8	13.7	87.1	4,719	39
North Dakota	N/A	N/A	15.2	11.3	8.3	12.9	92.3	4,677	41
Ohio	N/A	N/A	17.0	22.2	24.0	16.1	88.5	5,669	20
Oklahoma	49	70	15.7	30.8	12.1	15.7	87.4	4,549	40
Oregon	16	72	20.1	9.3	40.6	37.3	79.3	5,790	22
Pennsylvania	N/A	N/A	17.0	12.4	1.5	24.6	88.3	6,922	9
Rhode Island	26	68	14.2	11.0	10.4	0.0	86.0	7,304	6
South Carolina	25	78	15.7	23.2	28.7	23.1	89.2	4,779	38
South Dakota	N/A	N/A	14.9	25.3	16.4	29.2	88.2	4,220	49
Tennessee	29	75	16.5	40.4	30.7	30.7	84.2	4,172	45
Texas	60	71	15.5	17.8	13.4	16.7	80.5	5,016	34
Utah	14	72	24.4	23.7	25.7	17.4	90.9	3,604	51
Vermont	N/A	N/A	13.7	23.7	22.8	11.1	89.3	6,488	13
Virginia	33	70	14.7	25.6	23.6	16.2	87.3	5,528	24
Washington	18	71	20.2	16.5	43.6	34.1	88.2	5,611	26
West Virginia	42	71	14.6	22.1	11.3	13.6	90.2	5,881	16
Wisconsin	24	66	16.1	28.9	17.1	22.5	90.7	6,517	11
Wyoming	44	70	14.7	17.0	11.8	18.7	88.9	5,826	18
United States	22	71	17.1	21.8	20.3	19.3	85.8	5,689	

N/A – data not available.

Sources: U.S. Department of Education, National Center for Education Statistics, NAEP 1998 Reading, Summary Data Tables, Table T068101, in XSRITCH.PDF, available at http://nces.ed.gov/ ; U.S. Department of Education, National Center for Education Statistics, *NAEP 1998 Reading: Report Card for the Nation and the States* (March 1999), Table 5.3; U.S. Department of Education, National Center for Education Statistics, *Digest of Education Statistics 1998* (1999), Tables 67 and 168; U.S. Department of Education, National Center for Education Statistics, *SASS by State: 1993–94 Schools and Staffing Survey: Selected Results* (1996), Tables 3.4, 3.5, and 3.6; and U.S. Department of Education, National Center for Education Statistics, *Dropout Rates in the United States: 1997* (1999), Table 5. Calculations by Children's Defense Fund.

TABLE B20

Child Abuse and Neglect

	Child victims of abuse and neglect*			Type of abuse or neglect, 1997 (percentage distribution)					
	1990	1997	Percent change	Physical abuse	Neglect	Medical neglect	Sexual abuse	Emotional neglect	Other and unknown abuse
Alabama	16,508	19,489	18.1%	33.8%	41.8%	0.0%	18.5%	5.8%	0.0%
Alaska	5,217	9,017	72.8	25.6	61.1	0.0	11.7	1.4	0.3
Arizona	24,244	24,005	-1.0	32.0	51.4	7.6	6.4	2.3	0.4
Arkansas	7,922	5,109	-35.5	—	—	—	—	—	—
California	78,512	174,170	121.8	31.3	46.8	0.0	15.0	6.6	0.3
Colorado	7,906	5,532	-30.0	22.6	50.0	5.1	12.2	10.1	0.0
Connecticut	12,481	18,178	45.6	10.8	44.6	2.6	2.9	32.5	6.6
Delaware	2,065	4,416	113.8	38.3	41.0	2.4	5.5	0.0	12.8
District of Columbia	3,210	5,341	66.4	7.3	91.1	0.0	1.6	0.0	0.0
Florida	79,086	79,785	0.9	15.8	36.2	2.4	6.1	2.7	36.8
Georgia	34,120	45,504	33.4	19.3	58.4	5.5	8.7	4.3	3.7
Hawaii	1,974	2,559	29.6	10.2	10.0	1.0	6.5	1.3	71.0
Idaho	2,667	8,283	210.6	33.1	42.4	0.0	19.4	0.0	5.1
Illinois	37,539	38,936	3.7	9.8	37.8	3.0	8.8	1.2	39.4
Indiana	26,818	15,624	-41.7	19.6	56.6	5.0	18.7	0.0	0.0
Iowa	8,215	—	—	—	—	—	—	—	—
Kansas	—	18,592	—	27.1	24.2	2.7	11.8	4.3	29.9
Kentucky	22,239	20,783	-6.5	25.8	56.1	0.0	6.3	11.9	0.0
Louisiana	15,383	14,825	-3.6	21.0	68.6	0.0	6.2	3.7	0.5
Maine	4,133	3,746	-9.4	14.2	33.1	0.0	7.4	45.3	0.0
Maryland	—	14,198	—	—	—	—	—	—	—
Massachusetts	28,621	29,815	4.2	21.3	72.8	0.0	4.3	1.4	0.2
Michigan	25,774	20,654	-19.9	20.0	45.1	2.1	6.7	4.9	21.2
Minnesota	9,256	10,777	16.4	26.7	58.8	4.8	8.2	1.4	0.0
Mississippi	7,584	—	—	7.9	21.1	0.0	4.7	1.0	65.2
Missouri	21,732	15,845	-27.1	19.4	50.4	3.0	15.4	1.4	10.4
Montana	—	3,611	—	13.5	47.1	3.1	9.1	20.6	6.6
Nebraska	5,595	4,054	-27.5	27.9	63.5	0.0	8.5	0.0	0.0
Nevada	7,703	—	—	—	—	—	—	—	—
New Hampshire	1,056	1,092	3.4	21.9	53.0	0.0	20.8	4.3	0.0
New Jersey	19,546	10,982	-43.8	23.6	61.3	3.8	7.3	4.1	0.0
New Mexico	4,379	8,213	87.6	24.8	59.5	0.9	7.3	7.4	0.0
New York	57,931	72,000	24.3	—	—	—	—	—	—
North Carolina	24,880	33,347	34.0	4.5	87.1	2.2	4.1	0.5	1.6
North Dakota	2,893	—	—	—	—	—	—	—	—
Ohio	49,434	—	—	—	—	—	—	—	—
Oklahoma	—	13,800	—	15.5	71.2	1.8	5.7	5.9	0.0
Oregon	8,126	9,742	19.9	13.2	21.4	3.6	12.2	5.1	44.6
Pennsylvania	7,951	5,691	-28.4	41.9	3.3	2.5	45.2	1.9	5.2
Rhode Island	5,393	3,481	-35.5	24.5	62.0	2.3	7.7	0.5	3.1
South Carolina	9,632	8,684	-9.8	11.7	36.1	3.5	6.7	0.7	41.4
South Dakota	4,132	2,491	-39.7	21.6	62.0	0.0	7.3	9.1	0.0
Tennessee	11,473	10,803	-5.8	20.3	42.1	3.3	20.7	2.7	11.0
Texas	53,939	39,638	-26.5	25.9	48.6	4.0	14.1	4.0	3.4
Utah	8,524	9,356	9.8	21.8	41.8	1.7	23.7	2.9	8.1
Vermont	1,500	1,041	-30.6	23.7	28.6	1.2	45.6	0.9	0.0
Virginia	14,174	10,025	-29.3	22.9	56.4	2.3	13.3	3.5	1.5
Washington	—	21,806	—	27.7	48.4	3.5	10.9	6.8	2.8
West Virginia	—	—	—	—	—	—	—	—	—
Wisconsin	14,165	14,625	3.2	20.1	31.5	0.8	33.1	0.9	13.6
Wyoming	2,478	—	—	24.9	62.1	2.8	8.1	2.0	0.0

* Substantiated and indicated cases.

— Data not available.

Sources: U.S. Department of Health and Human Services, Children's Bureau, Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System (1998), Table 2.2; and U.S. Department of Health and Human Services, Children's Bureau, Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect Data System (1999), Appendix D, Tables 3.2 and 4.1. Calculations by Children's Defense Fund.

TABLE B21

Number of Adoptions from Foster Care,* 1995–1998

	1995	1996	1997	1998	Percent change, 1995–1998
Alabama	128	153	136	123	–3.9%
Alaska	103	112	109	95	–7.8
Arizona	215	383	474	—	—
Arkansas	84	185	146	258	207.1
California	3,094	3,153	3,614	4,062	31.3
Colorado	338	454	458	575	70.1
Connecticut	198	146	278	229	15.7
Delaware	38	46	33	62	63.2
District of Columbia	86	113	132	96	11.6
Florida	904	1,064	992	1,549	71.3
Georgia	383	537	558	672	75.5
Hawaii	42	64	150	301	616.7
Idaho	46	40	47	14	–69.6
Illinois	1,759	2,146	2,695	4,656	164.7
Indiana	520	373	592	800	53.8
Iowa	227	383	440	517	127.8
Kansas	333	292	421	389	16.8
Kentucky	197	214	222	206	4.6
Louisiana	292	321	310	236	–19.2
Maine	85	144	96	112	31.8
Maryland	324	413	290	435	34.3
Massachusetts	1,073	1,113	1,161	1,099	2.4
Michigan	1,717	1,950	2,047	2,254	31.3
Minnesota	232	239	302	429	84.9
Mississippi	109	101	131	169	55.0
Missouri	538	600	533	640	19.0
Montana	104	98	143	144	38.5
Nebraska	208	168	180	—	—
Nevada	155	145	148	—	—
New Hampshire	51	59	24	51	0.0
New Jersey	616	678	570	755	22.6
New Mexico	141	148	152	197	39.7
New York	4,579	4,590	4,979	4,819	5.2
North Carolina	289	417	694	882	205.2
North Dakota	42	41	57	83	97.6
Ohio	1,202	1,258	1,400	1,080	–10.1
Oklahoma	226	371	418	493	118.1
Oregon	427	468	441	665	55.7
Pennsylvania	1,018	1,127	1,526	1,516	48.9
Rhode Island	216	341	226	222	2.8
South Carolina	231	220	318	465	101.3
South Dakota	42	72	55	55	31.0
Tennessee	458	330	195	337	–26.4
Texas	804	746	1,091	1,598	98.8
Utah	283	124	268	287	1.4
Vermont	62	83	80	118	90.3
Virginia	320	298	276	239	–25.3
Washington	645	521	656	854	32.4
West Virginia	139	188	220	211	51.8
Wisconsin	360	511	530	643	78.6
Wyoming	10	20	16	33	230.0
United States	25,693	27,761	31,030	35,725	39.0

*Numbers reflect finalized adoptions of children from the public foster care system.

— Comparable data not available.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, at http://www.acf.dhhs.gov/programs/cb/special/adopincen.htm, and unpublished data. Calculations by Children's Defense Fund.

TABLE B22

Firearm Deaths of Children and Teens Ages 0–19, By Manner, 1995–1997

	Total*			Homicide*			Suicide			Accident			Unknown Intent		
	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997
Alabama	119	104	93	61	59	57	38	25	23	15	14	10	5	6	3
Alaska	19	22	23	7	6	9	8	12	10	4	4	2	0	0	2
Arizona	140	120	117	92	64	53	36	47	52	10	4	5	2	5	7
Arkansas	85	63	55	48	27	28	28	26	18	3	9	7	6	1	2
California	843	672	594	650	508	457	129	108	106	53	52	26	11	4	5
Colorado	63	43	57	28	15	22	26	23	31	8	4	4	1	1	0
Connecticut	29	36	21	23	29	17	5	6	4	1	1	0	0	0	0
Delaware	10	5	7	7	4	2	3	1	5	0	0	0	0	0	0
District of Columbia	75	62	65	73	59	59	2	1	4	0	0	1	0	2	1
Florida	204	190	165	132	116	108	56	57	44	12	12	12	4	5	1
Georgia	154	160	129	94	79	70	46	51	35	14	24	20	0	6	4
Hawaii	3	3	3	2	2	2	1	1	1	0	0	0	0	0	0
Idaho	29	27	26	7	11	2	14	11	21	7	4	3	1	1	0
Illinois	320	308	254	250	263	211	50	33	29	16	7	10	4	5	4
Indiana	117	98	79	59	55	47	40	30	21	15	8	8	3	5	3
Iowa	28	22	33	7	8	8	18	13	20	3	0	3	0	1	2
Kansas	49	53	53	28	24	28	16	22	17	5	7	7	0	0	1
Kentucky	59	52	57	20	23	34	27	20	16	12	9	7	0	0	0
Louisiana	174	192	154	115	133	98	37	43	39	19	15	15	3	1	2
Maine	6	5	13	0	1	3	5	4	10	1	0	0	0	0	0
Maryland	143	106	104	118	88	91	20	13	11	1	3	2	4	2	0
Massachusetts	40	32	24	32	26	17	8	5	6	0	0	0	0	1	1
Michigan	202	157	156	129	96	103	52	42	41	14	13	10	7	6	2
Minnesota	54	56	55	22	25	26	24	21	25	8	6	4	0	4	0
Mississippi	101	77	81	48	38	41	26	19	28	21	18	11	6	2	1
Missouri	139	101	97	84	63	48	40	33	34	11	5	13	4	0	2
Montana	20	20	16	4	4	4	13	12	8	2	3	3	1	1	1
Nebraska	24	28	26	14	8	12	7	17	13	3	3	1	0	0	0
Nevada	44	36	34	17	25	21	21	8	13	5	3	0	1	0	0
New Hampshire	10	7	2	2	1	1	7	6	1	1	0	0	0	0	0
New Jersey	55	66	53	43	55	43	11	6	7	0	4	3	1	1	0
New Mexico	37	43	40	17	22	22	20	17	14	0	2	3	0	2	1
New York	234	199	146	170	150	107	53	43	33	16	6	4	5	0	2
North Carolina	150	135	92	77	70	45	53	49	37	19	15	9	1	1	1
North Dakota	12	9	8	2	0	0	9	8	8	1	1	0	0	0	0
Ohio	132	126	95	64	75	49	46	31	36	19	17	8	3	3	2
Oklahoma	74	61	82	30	30	48	34	25	29	8	5	3	2	1	2
Oregon	57	39	38	18	9	13	28	24	19	10	6	3	1	0	3
Pennsylvania	159	181	167	100	113	108	50	59	49	7	4	9	2	5	1
Rhode Island	6	6	4	6	5	2	0	1	2	0	0	0	0	0	0
South Carolina	66	78	54	26	39	32	24	27	16	14	9	5	2	3	1
South Dakota	13	10	12	2	1	0	7	9	7	4	0	5	0	0	0
Tennessee	137	123	117	75	66	64	40	32	37	16	23	12	6	2	4
Texas	462	359	377	289	202	194	126	121	139	32	27	39	15	9	5
Utah	54	37	35	14	11	10	37	24	24	2	0	0	1	2	1
Vermont	6	5	4	0	1	2	5	2	1	1	1	0	0	1	1
Virginia	106	109	114	65	54	68	29	43	39	10	12	5	2	0	2
Washington	75	67	83	37	31	35	29	31	36	7	4	8	2	1	4
West Virginia	28	16	23	10	6	9	15	8	10	3	2	3	0	0	1
Wisconsin	74	76	58	30	35	31	31	32	26	4	8	1	9	1	0
Wyoming	14	11	10	1	1	1	10	7	7	3	2	2	0	1	0
United States	5,254	4,613	4,205	3,249	2,836	2,562	1,450	1,309	1,262	440	376	306	115	92	75

*Total firearm deaths and homicide firearm deaths exclude firearm deaths by legal (police or corrections) intervention and deaths by air rifles.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, unpublished tabulations, Table III: Deaths from 282 selected causes. Calculations by Children's Defense Fund.

TABLE B23

State Budget Balances, Unspent TANF and CHIP Funds, and Tobacco Settlement Money (in millions)

	Total balance, FY 1999	Unspent TANF funds, through FY 1999			Unspent CHIP funds, FY 1998, as of Sept. 1999	Tobacco settlement payment, 2000	Tobacco settlement payment, through 2025
		Unobligated funds	Unliquidated obligations	Total unspent funds			
Alabama	$ 72	$ 31.4	$ 4.8	$ 36.2	$ 60.6	$ 103.6	$ 3,166.3
Alaska	2,729	7.0	0.0	7.0	3.1	21.9	668.9
Arizona	642	0.0	91.3	91.3	108.0	94.5	2,887.6
Arkansas	40	0.0	39.5	39.5	47.2	53.1	1,622.3
California	2,412	0.0	1,620.6	1,620.6	785.9	818.4	25,007.0
Colorado	875	0.0	77.1	77.1	31.8	87.9	2,685.8
Connecticut	529	40.7	0.0	40.7	22.7	119.0	3,637.3
Delaware	577	0.0	2.9	2.9	7.2	25.4	774.8
District of Columbia	—	37.3	32.8	70.1	11.6	38.9	1,189.5
Florida	1,360	0.0	392.6	392.6	212.9	0.0	*
Georgia	458	119.7	16.1	135.8	117.2	157.4	4,808.7
Hawaii	189	4.0	1.4	5.4	8.9	38.6	1,179.2
Idaho	83	19.2	17.8	37.0	10.6	23.3	711.7
Illinois	1,351	0.0	0.0	0.0	101.7	298.4	9,118.5
Indiana	1,737	0.0	199.5	199.5	8.8	130.8	3,996.4
Iowa	726	21.0	5.7	26.7	21.6	55.8	1,703.8
Kansas	538	0.0	0.0	0.0	21.9	53.5	1,633.3
Kentucky	263	0.0	0.0	0.0	32.1	112.9	3,450.4
Louisiana	44	112.2	0.0	112.2	91.4	144.6	4,418.7
Maine	361	0.0	0.0	0.0	6.9	49.3	1,507.3
Maryland	1,218	47.2	52.1	99.3	47.4	144.9	4,428.7
Massachusetts	1,536	68.2	0.0	68.2	7.5	259.0	7,913.1
Michigan	1,352	146.1	0.0	146.1	76.0	279.0	8,526.3
Minnesota	1,518	66.7	67.3	134.0	28.4	0.0	*
Mississippi	342	73.2	20.5	93.7	47.9	0.0	*
Missouri	334	11.4	15.3	26.8	32.0	145.8	4,456.4
Montana	111	26.6	0.0	26.6	11.1	27.2	832.2
Nebraska	439	9.2	0.0	9.2	11.1	38.1	1,165.7
Nevada	228	0.0	16.8	16.8	26.3	39.1	1,195.0
New Hampshire	36	6.0	4.6	10.6	10.5	42.7	1,304.7
New Jersey	1,105	0.0	253.1	253.1	65.3	247.9	7,576.2
New Mexico	189	56.9	0.0	56.9	62.2	38.2	1,168.4
New York	892	752.1	370.8	1,122.9	0.0	818.3	25,003.2
North Carolina	819	3.4	98.3	101.7	44.6	149.5	4,569.4
North Dakota	79	8.3	0.0	8.3	5.0	23.5	717.1
Ohio	1,175	150.0	583.9	733.9	71.2	323.0	9,869.4
Oklahoma	384	61.4	0.0	61.4	85.7	66.4	2,030.0
Oregon	354	0.0	23.8	23.8	31.5	73.6	2,248.5
Pennsylvania	1,388	174.6	125.3	299.9	68.7	368.5	11,259.2
Rhode Island	170	0.0	0.0	0.0	8.4	46.1	1,408.5
South Carolina	723	0.0	32.2	32.2	0.0	75.4	2,304.7
South Dakota	35	11.9	2.2	14.0	7.0	22.4	683.7
Tennessee	84	103.6	19.6	123.2	66.2	156.5	4,782.2
Texas	3,479	0.0	175.6	175.6	521.5	0.0	*
Utah	106	17.8	0.0	17.8	16.2	28.5	871.6
Vermont	40	3.0	0.0	3.0	3.0	26.4	805.6
Virginia	847	1.7	14.2	15.9	63.3	131.1	4,006.0
Washington	466	130.2	68.1	198.3	46.7	131.6	4,022.7
West Virginia	221	153.5	0.0	153.5	22.5	56.8	1,736.7
Wisconsin	701	30.7	290.4	321.2	40.6	132.9	4,059.5
Wyoming	77	35.2	0.0	35.2	7.7	15.9	486.6
United States	35,432				3,247.3	6,335.8	193,598.6

— Data not available.

*Florida, Minnesota, Mississippi, and Texas did not participate in the larger tobacco settlement; they settled in individual suits, and received lump-sum payments. These lump sums are: Florida, $12.7 billion; Minnesota, $6.1 billion; Mississippi, $3.6 billion; and Texas, $5.3 billion.

Sources: National Association of State Budget Officers, The Fiscal Survey of the States: December 1999 (1999), Table A–11; Ed Lazere, Welfare Balances after Three Years of TANF Block Grants (Washington, DC: Center on Budget and Policy Priorities, 2000), Table III; U.S. Department of Health and Human Services, Health Care Financing Administration, "SCHIP Federal Allotments and Expenditures — FY 1998," as reported on Form HCFA–21C (2000), unpublished; and National Association of Attorneys General, "Annual Payments to Each State" (November 16, 1998), at http://www.naag.org/yearly.rtf. Calculations by Children's Defense Fund.

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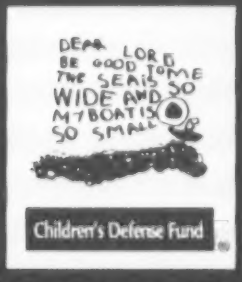
2	children under 5 are murdered.
6	children and youth under 20 commit suicide.
10	children and youth under 20 are homicide victims.
12	children and youth under 20 die from firearms.
35	children and youth under 20 die from accidents.
77	babies die.
151	babies are born at very low birthweight.
218	children are arrested for violent crimes.
399	children are arrested for drug abuse.
406	babies are born to mothers who had late or no prenatal care.
798	babies are born at low birthweight.
1,352	babies are born to teen mothers.
1,540	babies are born without health insurance.
2,140	babies are living in poverty.
2,316	babies are born to mothers who are not high school graduates.
2,806	students drop out of school.
3,445	babies are born to unmarried mothers.
5,044	children are arrested.
17,297	public school students are suspended.



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